



COUNTING OURSELVES

AOTEAROA NEW ZEALAND TRANS AND NON-BINARY HEALTH SURVEY

Participant Information Sheet

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Ethics committee ref: 2022 FULL 12683

Kia ora, mālō e lelei, talofa lava, namaste, kia orana, nisa bula vinaka, nín hǎo, welcome.

Thank you for your interest in taking part in Counting Ourselves, the Aotearoa New Zealand Trans and Non-binary Health Survey.

Participation in this study is voluntary and it is important you read this information so you can decide whether you want to participate. Before you decide, you may want to talk about the study with other people, such as friends, family, whānau, or healthcare providers. Feel free to do this. You may contact us if you have any questions about the survey by emailing kiaora@countingourselves.nz or by phoning us on **07 837 9216**. You may also contact us if you want a **paper copy** of the survey to fill out, instead of doing this online. We will post out a paper copy and a return prepaid envelope.

If you agree to take part in this survey, you will be asked to consent at the bottom of this page. Please make sure you have read and understood all the information.

Who are we?

We are a research team based at the Transgender Health Research Lab at the University of Waikato who work to improve the health and wellbeing of trans and non-binary people.

Our research team is led by our Principal Investigator Dr Jaimie Veale and our Co-Principal Investigator Jack Byrne. Both Jack and Jaimie are trans and have many years' experience conducting trans health and human rights research, including the first Counting Ourselves survey in 2018. Our core project team and associate investigators are listed below with further information available on our website countingourselves.nz

Principal Investigator

- Dr Jaime Veale

Co-Principal Investigator

- Jack Byrne

Co-Investigators

- Dr Kyle Tan

Lab Manager

- Ashe Yee

Associate Investigators

- Ahi Wi-Hongi
- Phylesha Brown-Acton
- Dr Elizabeth Kerekere
- Prof Gareth Treharne
- Dr George Parker
- Dr John Fenaughty
- Dr Rona Carroll

Students

- Ryan Bentham (PhD)
- Sofia Gonzalez (Masters)
- Harry Jones (Masters; University of Canterbury)
- Taine Polkinghorne (Masters; University of Auckland)

Voluntary participation and withdrawal from this study

Participation in the survey is voluntary. The only questions that we require you to answer are in the first section, where we check you can participate in the study by asking if you are trans or non-binary, live in Aotearoa, and are at least 14 years old. Otherwise, you can skip any other questions, for any reason.

You can withdraw from the survey at any time for any reason. If you start the survey and then wish to withdraw, you can return to this page at any time using the "Previous" button and click on the option asking for all your responses to be erased. Because the survey is anonymous, once you have submitted your response you cannot withdraw from the study.

What is the purpose of the study?

Counting Ourselves is an anonymous survey asking about trans and non-binary people's health and wellbeing. This is the second wave of Counting Ourselves - we conducted the first survey in 2018. We are asking some of the same questions from 2018 to see what changes may have happened since then. Other questions are new, based on feedback about issues important to our communities.

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
- the stigma, discrimination, and violence we experience as trans and non-binary people, as well as how racism and other forms of discrimination impact us
- our experiences in doctors' 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, and others might protect us against the impacts of stigma, discrimination, and violence that trans and non-binary people face

How is the study designed?

The study is designed as an anonymous survey with many questions taken from large Aotearoa New Zealand surveys so we can compare our experiences against the wider population. Some of the questions were the same as Counting Ourselves 2018 so that we can keep track of changes over time.

Who can take part in the study?

This survey is for 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. We want to hear from all of you!

You are eligible to take part in this survey if you are:

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

If you do not meet these eligibility criteria, you cannot take part in this survey.

It does not matter whether you use the specific terms 'trans' or 'non-binary' to describe yourself, whether you have taken medical steps to affirm your gender, or plan to do so. There are many terms that people in our communities use. For example, these include:

- trans, transgender, transsexual, takatāpui, or irawhiti
- trans woman, transfeminine, or whakawahine
- fa'afafine, fakaleiti or leiti, fakafifine, akava'ine, or vakasalewalewa
- trans man, transmasculine, tangata ira tāne, fa'atama, or akatāne
- non-binary, tāhine, genderqueer, irakē, gender fluid, irahuri, gender diverse, irahuhua, bi-gender, cross-dresser, pangender, demi-gender, agender or irakore
- trans people filling out the survey might also identify as simply a woman or as a man.

What will my participation in the study involve?

We expect the survey to take about 70 minutes for you to complete, but this may be less if you skip some sections or more if you decide to write more about your experiences.

During the survey, you will be asked for your responses to questions on a broad range of topics. For most questions, you just need to tick boxes to indicate your response, but some questions allow you to write in more details.

What are the possible risks of this study?

Due to the survey length, you might be at risk of fatigue. To help you manage this risk, you can take a break from the survey and return at a later time to complete it. If you need to take a break, you can complete the survey in multiple sessions by exiting the survey and returning within 3 months and before the survey closes. This function works provided you use the same computer and browser, have allowed cookies in your browser, and haven't cleared or deleted the cookies in the browser before you return to the survey. Click [here](#) to see further information about cookies and how to enable them.

We only ask questions about things that are important for our communities to know. Some of these questions are about difficult topics that might be hard for you to answer. For example, there are questions about hurting yourself, suicide, and experiences of being treated badly by other people, including emotional, physical, sexual violence and conversion practices. This means that you might be at risk of emotional harm or discomfort. To help you manage this risk:

- Before we ask you these sensitive questions, we will ask you if you would like to skip them.
- We provide you with a list of support services you can contact if you need help.
- We undertook extensive consultation about our questions to ensure that they are really necessary for achieving the study objectives and are beneficial to our communities.

Remember, it is your choice whether you answer these or any other questions.

What are the possible benefits of this study?

By taking part in the survey, you are helping us understand the health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Your experiences, no matter how ordinary or extraordinary, are valuable. The study is unlikely to provide individual benefits to you, though we hope it improves the situation for our communities.

What if something goes wrong?

You can contact the research team by emailing kiaora@countingourselves.nz or by phoning us on **07 837 9216**.

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 every evening from 6pm-9pm (Phone: **0800 688 5643**; Email: info@outline.org.nz).

We have listed some other helplines next to specific questions too. You can see a full list of other support services on our website at: countingourselves.nz/support/.

What will happen to my information?

The information you provide in this survey is anonymous. We do not collect your name or any other information that might be able to identify you as an individual.

Future research using your information

If you consent to participate in this study, your anonymous data will be used by the research team for research on the health and wellbeing of trans and non-binary people. We may make parts of our anonymous data available to other researchers on request for them to conduct their own studies. Before granting other researchers access to the data, the Counting Ourselves team must be satisfied that appropriate data management plans are in place and that ethical approval for its use has been obtained in accordance with local laws and regulations.

Security and storage of your information

- Everyone's individual anonymous responses will be stored on two-factor authenticated password-protected University of Waikato accounts and computers. Only the research team, including staff, students, and Co-Investigators, will have access to these. All storage will comply with local data security guidelines.
- Data will be kept until it is no longer required. The PI and Co-PI (Dr Jaimie Veale and Mr Jack Byrne) will be responsible for deleting the data.
- We will collect your IP address, which is a unique number based on your internet connection. It does not identify you or your current physical 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 made them. When making these decisions, we keep in mind that the sizes of trans and non-binary communities are small.
- If you contact us asking for a printed copy of the survey, we will delete your contact details once we have posted the survey to you. If you fill out the paper copy of the survey, we will put your answers into the computer anonymously and then shred your paper survey.

Risks

- All efforts will be made to protect your privacy. However, absolute confidentiality of information cannot be guaranteed, even with anonymous information. There is a very small risk that if someone who already knew you accessed your full survey response, they may guess your identity from all the information you supplied. Because our team includes experienced researchers and we have data management protocols in place, the risk of people accessing your information, identifying you, and misusing your information is currently very small, especially as this is an anonymous survey. This risk may increase in the future as people find new ways of tracing information. All our survey responses are kept on secure, password-protected university servers and we will continue to work with the university technical experts to reduce any risks that might emerge in the future.
- The 2018 Counting Ourselves survey results have been used successfully to advocate for the health, wellbeing and human rights of trans and non-binary people. However, it is also possible that others may use the research findings inappropriately to support negative stereotypes, stigmatise, or discriminate against parts of our communities, including those that you identify with. The Counting Ourselves project team takes our responsibility to minimise this risk very seriously when deciding what findings to publish and whether we will collaborate with other researchers to analyse our survey data.

Rights to access or withdraw your information

Because the survey is anonymous, once you have submitted your responses you will not be able to access, correct or withdraw your information, even if you change your mind about it being used.

If you have any questions about the collection and use of information about you, you should contact Dr Jaimie Veale.

Data-linking

Some survey participants have completed the 2018 Counting Ourselves survey or the 2021 identify survey (www.identifysurvey.nz). We give those people the option of allowing us to link their responses to those surveys to their answers in this second Counting Ourselves survey. This is called 'data-linking'.

Data-linking in this study is optional and only occurs if people provide non-identifying details by responding to three optional questions asking the day of the month you were born on, the first letter of the town you were born in, and the first two letters of your first pet. These details will help us to determine which, if any, responses are from the same person across the data sets from these three surveys. We will confirm this match using demographic details such as age, gender, and ethnicity. These details and this process will still keep your individual identity anonymous.

You can agree to your data being linked by completing the relevant questions.

Māori data sovereignty

Māori data sovereignty is about protecting information or knowledge that is about (or comes from) Māori. We recognise the taonga of the data collected for this study. To help protect this taonga:

- We have consulted with our Māori Investigators about the collection, ownership, and use of study data.
- We welcome Māori researchers and organisations requesting access to our anonymous data, including access to responses from Māori participants. Any requests for access to this data will be considered in consultation with our Māori Associate Investigators.

What happens after the study

When the data collection period is complete, we will analyse the data and make the results available in a community report, academic journal articles, fact sheets, conferences and community presentations, and other publications.

Can I find out the results of the study?

We will keep the community informed about the results of the study through our website, countingourselves.nz, and our Facebook and Twitter pages. If you would like to receive email updates, then you can subscribe to our mailing list by visiting our website countingourselves.nz.

Who is funding the study?

We have received funding from the Royal Society Te Apārangi to do this research.

Who has approved the study?

This study has been approved by an independent group of people called a Health and Disability Ethics Committee (HDEC), who check that studies meet established ethical standards. The Southern HDEC has approved this study (Approval no: 2022 FULL 12683).

Who do I contact for more information or if I have concerns?

If you have any questions, concerns or complaints about the study at any stage, you can contact:

Dr Jaimie Veale (Principal Investigator)
+64 7 837 9216 or jveale@waikato.ac.nz

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@advocacy.org.nz
Website: <https://www.advocacy.org.nz/>

You can also contact support services or community groups for help, support and information including those supporting Māori, Pasifika people, and other specific groups. We have a list of contacts available on our website at: countingourselves.nz/support/. These include Gender Minorities Aotearoa, the national trans organisation that operates within the kaupapa Māori public health framework, Te Pae Māhutonga

Phone: 04 385 0611
Email: support@genderminorities.com
Website: <https://genderminorities.com/>

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone: 0800 4 ETHIC (0800 438 442)
Email: hdecs@health.govt.nz

I have read the information above and agree that I understand my rights and what the survey involves and I agree to take part in the study. > **Continue onto the next section.**

I do not agree to participate in this study and would like any information I have already provided to be erased. > **Please do not complete the rest of the survey, you may securely dispose of this copy yourself, or mail it back to the Counting Ourselves project team for secure disposal. We will not use your responses.**

1: Demographics

1.1 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. Please do not complete the rest of the survey if you are aged less than 14.

1.2 Do you live in Aotearoa New Zealand?

If you do not live in Aotearoa New Zealand, thank you for your interest in the survey, but unfortunately we will not be able to include your response.

<input type="radio"/> Yes	<input type="radio"/> No
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1.3 Which region of Aotearoa New Zealand do you live in?

There is a map included on the following page to help with your selection if needed.

<input type="radio"/> Northland region/ Te Tai Tokerau	<input type="radio"/> Auckland region / Tāmaki-Makaurau region
<input type="radio"/> Waikato	<input type="radio"/> Bay of Plenty region/ Te Moana-a-Toi region
<input type="radio"/> Gisborne region/ Te Tai Rāwhiti region	<input type="radio"/> Hawke's Bay region / Te Mātau-a-Māui
<input type="radio"/> Taranaki	<input type="radio"/> Manawatu-Whanganui
<input type="radio"/> Wellington region/ Te Whanganui-a-Tara	<input type="radio"/> Tasman region/ Te Tai-o-Aorere
<input type="radio"/> Nelson region/ Whakatū	<input type="radio"/> Marlborough region / Te Taihū-o-te-waka
<input type="radio"/> West Coast region / Te Tai o Poutini	<input type="radio"/> Canterbury region / Waitaha
<input type="radio"/> Otago region/ Ōtākou	<input type="radio"/> Southland region/ Murihiku
<input type="radio"/> Other region, Please specify _____	



Map of New Zealand territorial authorities by Korakys is licensed under [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/).

https://en.wikipedia.org/wiki/Territorial_authorities_of_New_Zealand#/media/File:NZ_Regional_Councils_and_Territorial_Authorities_2017.svg
<https://commons.wikimedia.org/wiki/User:Korakys>
<https://creativecommons.org/licenses/by-sa/4.0/>

1.4 Which of the following best describes where you live?

<input type="radio"/> A major city (e.g., Auckland, Wellington, Christchurch, Dunedin, Hamilton, Tauranga)
<input type="radio"/> A large city (e.g., Palmerston North, Whangārei, Nelson, Invercargill)
<input type="radio"/> A medium-sized town or city (e.g., Ōamaru, Taupō, Masterton, Queenstown)
<input type="radio"/> A small town or rural area (e.g., Ōtaki, Hokitika, Kerikeri, Lyttelton)
<input type="radio"/> I don't know

1.5 What term or terms do you use to describe your gender?

Select all that apply.

<input type="checkbox"/> woman / girl	<input type="checkbox"/> man / boy
<input type="checkbox"/> trans woman	<input type="checkbox"/> trans man
<input type="checkbox"/> genderqueer	<input type="checkbox"/> gender fluid
<input type="checkbox"/> gender diverse	<input type="checkbox"/> non-binary
<input type="checkbox"/> bi-gender	<input type="checkbox"/> cross-dresser
<input type="checkbox"/> pangender	<input type="checkbox"/> agender
<input type="checkbox"/> demigirl / demiwoman / demifemale person	<input type="checkbox"/> demiboy / demiman / demimale person
<input type="checkbox"/> irawhiti	<input type="checkbox"/> tāhine
<input type="checkbox"/> whakawahine	<input type="checkbox"/> tangata ira wahine
<input type="checkbox"/> tangata ira tane	<input type="checkbox"/> takatāpui
<input type="checkbox"/> fa'afafine	<input type="checkbox"/> fa'atama
<input type="checkbox"/> fakaleiti or leiti	<input type="checkbox"/> fakafifine
<input type="checkbox"/> akava'ine	<input type="checkbox"/> vakasalewalewa
<input type="checkbox"/> kua xing bie (跨性别)	<input type="checkbox"/> Please specify any terms you use to describe your gender (including terms from your language / culture) that are not listed <hr/>

1.6 Recognising that we are giving you limited options, if you had to select one response that best describes your current gender (or equivalent gender in English), what would it be?

Counting Ourselves will report the wide range of terms that survey participants use to describe their gender identity. In addition, often we are checking whether some of our findings vary between different parts of our communities, including based on gender. For that statistical analysis, we often use the broad categories of trans women, trans men, and non-binary people to compare responses. We prefer for you to decide which of these is the closest fit for your gender.

<input type="radio"/> non-binary, genderqueer, agender, or similar identity	<input type="radio"/> trans woman, woman, or girl	<input type="radio"/> trans man, man, or boy
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>Answer the following question if you selected any of these responses in question 1.5: Whakawahine; Tangata ira tāne; Takatāpui; Tāhine; Fa’afafine; Fa’afatama; Leitī or fakaleitī; Fakafifine; Akava’ine; Tangata ira wahine; or My gender(s) are not listed above. Otherwise, please skip to question 1.8.

1.7 Do you identify more with a culturally specific term (such as fa’afafine or takatāpui) than with English language or 'Western' terms (such as trans or non-binary)?

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

1.8 Do you have an intersex variation (otherwise known as a variation of sex characteristics or a difference of sex development)?

Intersex is an umbrella term that describes a range of innate (from birth) sex characteristics that are not generally accepted as what is normal for female or male bodies. Sometimes intersex is described as 'innate variations of sex characteristics' (VSC) or 'differences / disorders in sex development' (DSD). There are up to 40 different gonadal, chromosomal, and reproductive variations of sex characteristics. Intersex people who responded to a 2015 Australian study used more than 35 of these terms to describe themselves. They were: 5-alpha-reductase deficiency, complete and partial androgen insensitivity syndrome (AIS), bladder exstrophy, clitoromegaly, congenital adrenal hyperplasia (CAH), cryptorchidism, De la Chapelle (XX Male) syndrome, epispadias, Fraser syndrome, gonadal dysgenesis, hyperandrogenism, hypospadias, Kallmann syndrome, Klinefelter syndrome / XXY, leydig cell hypoplasia, Mayer- Rokitansky-Küster-Hauser syndrome (MRKH, mullerian agenesis, vaginal agenesis), micropenis, mosaicism involving sex chromosomes, mullerian (duct) aplasia, ovo-testes, progestin induced virilisation, Swyer syndrome, Turner's syndrome / XO (TS), and Triple-X syndrome (XXX).

<input type="radio"/> Yes >Go to 1.10
<input type="radio"/> No >Go to 1.10
<input type="radio"/> Don't know >Go to 1.9

If you are intersex and want more information and community connection, contact Intersex Aotearoa: email info@intersexaotearoa.org or on Facebook.

1.9 When we asked if you have a variation of sex characteristics (an intersex variation), you selected 'Don't know'. Could you tell us more about why you made this selection?
Select all that apply.

<input type="checkbox"/> I am not sure what intersex is
<input type="checkbox"/> I think I may have an intersex variation
<input type="checkbox"/> A health professional told me I may have an intersex variation
<input type="checkbox"/> I am not sure about the differences between being trans and being intersex
<input type="checkbox"/> Other reason, <i>please specify</i> _____

1.10 What sex were you assigned at birth?

For example, what sex was recorded on your original birth certificate?

<input type="radio"/> Male	<input type="radio"/> Female
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1.11 How would you answer the following question from Stats NZ? 'Are you transgender?'

Transgender is an umbrella term that refers to people whose gender is different to the sex recorded at their birth. Identities that may fall under this include trans, non-binary genders, transsexual, takatāpui, fa'afafine, genderqueer, and many more. Some people who come under this umbrella term as it is defined may not use the term transgender to describe themselves.

<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't Know	<input type="radio"/> Prefer Not to Say

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

Select all that apply.

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

If you selected this statement, this survey is not for you and you do not need to fill out the rest. You can still follow what is happening with the survey on the Counting Ourselves website or Facebook page.

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

1.14 At about what age did you first start to tell others that you were trans or non-binary (even if you did not use those words)?

Age: _____	<input type="radio"/> I have not told others that I am trans or non-binary
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1.15 What gender pronouns do you ask people to use to refer to you?

Select all that apply.

<input type="checkbox"/> He / him	<input type="checkbox"/> She / her
<input type="checkbox"/> They / them	<input type="checkbox"/> Ia
<input type="checkbox"/> No pronouns; I ask people only to use my name	<input type="checkbox"/> I don't ask people to use specific pronouns
<input type="checkbox"/> Pronouns not listed above. <i>Please specify</i> _____	

1.16 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?

Select all that apply.

<input type="checkbox"/> New Zealand European / Pākehā	<input type="checkbox"/> Māori
<input type="checkbox"/> Sāmoan	<input type="checkbox"/> Cook Island Māori
<input type="checkbox"/> Tongan	<input type="checkbox"/> Niuean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian
<input type="checkbox"/> Other (e.g., Dutch, Japanese, Tokelauan), <i>please specify</i> _____	

>Answer the following question if you selected Māori in question 1.16. Otherwise, please skip to question 1.18.

1.17 Do you know the name(s) of your iwi (tribe or tribes)?

<input type="checkbox"/> Iwi _____
<input type="checkbox"/> Region _____
<input type="checkbox"/> Don't know

1.18 Which country were you born in?

<input type="checkbox"/> Aotearoa New Zealand >Go to 1.24	<input type="checkbox"/> Australia
<input type="checkbox"/> United Kingdom	<input type="checkbox"/> China (People's Republic of)
<input type="checkbox"/> India	<input type="checkbox"/> South Africa
<input type="checkbox"/> Sāmoa	<input type="checkbox"/> Cook Islands
<input type="checkbox"/> Other country, <i>please specify</i> _____	
<input type="checkbox"/> Don't know	

1.19 Which of the following best currently describes you?

<input type="radio"/> New Zealand Citizen	<input type="radio"/> New Zealand Permanent Resident
<input type="radio"/> Resident Visa holder	<input type="radio"/> Work Visa holder
<input type="radio"/> Student Visa holder	<input type="radio"/> Visitor Visa holder
<input type="radio"/> Don't know	<input type="radio"/> Other status, <i>please specify</i> _____

1.20 When did you first arrive to live in New Zealand?

Please use your best guess if you don't remember exactly when you arrived.

<input type="radio"/> Month _____	<input type="radio"/> Year _____
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1.21 What were your reason(s) for coming to live in Aotearoa New Zealand?

Select all that apply.

<input type="checkbox"/> I thought Aotearoa New Zealand would be more accepting of trans and non-binary people	<input type="checkbox"/> To leave a country where my family did not support me being open about my gender identity or expression, my sexual orientation, or about being intersex
<input type="checkbox"/> To move to where I could be more open about my gender identity or expression (e.g., at work, school, or in public spaces)	<input type="checkbox"/> To be in a new country where people do not know who I was before I transitioned
<input type="checkbox"/> To be in a country where trans and non-binary people can access more opportunities (e.g., for work or study)	<input type="checkbox"/> To leave a country where trans and non-binary people experienced discrimination
<input type="checkbox"/> To leave a country where it was unsafe for me to be trans or non-binary	<input type="checkbox"/> To leave a country where it was unsafe to be lesbian, gay, bisexual, or queer (LGBQ+), or an intersex person
<input type="checkbox"/> To leave an abusive partner or family member	<input type="checkbox"/> To get away from my religious background
<input type="checkbox"/> To move to a country where I can freely express my religious beliefs	<input type="checkbox"/> To leave a country where it was unsafe for me for other reasons (e.g., my political opinion, my race, or I was fleeing war or conflict)
<input type="checkbox"/> To explore gender affirming healthcare options	<input type="checkbox"/> So I could be open about my current (or any future) partner and I could legally marry a person of any gender
<input type="checkbox"/> My family made the decision to come here to live	<input type="checkbox"/> I came to live in Aotearoa New Zealand for other reasons, <i>please specify</i> _____

1.22 Are you a refugee or have you sought asylum in Aotearoa New Zealand?

<input type="radio"/> Yes	<input type="radio"/> No > Go to 1.24.
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1.23 Was part of the reason that you applied to be a refugee or sought asylum because it is unsafe for you to be trans or non-binary in your country of origin?

<input type="radio"/> Yes	<input type="radio"/> No
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1.24 Do you identify as being neurodivergent or as having any of the following forms of neurodiversity?

You do not need to have had a diagnosis. *Select all that apply.*

<input type="checkbox"/> Autism	<input type="checkbox"/> ADHD
<input type="checkbox"/> Other neurodiversity, <i>please specify</i> _____	<input type="checkbox"/> None of the above

1.25 Do you identify as Deaf, disabled, or as having a disability or impairment?

You don't need to have been formally diagnosed as having this disability or impairment. If you are neurodivergent you might also identify as disabled.

<input type="checkbox"/> Yes, I am Deaf	<input type="checkbox"/> Yes, I am disabled or have a disability. <i>Please list any disabilities or impairments you have. It's your choice whether you provide these details</i> _____
<input type="checkbox"/> No, I am neither Deaf nor disabled	

2: Unique Identifiers

If you answer the following questions, it means we can link any responses you made in our 2018 survey to your responses to this 2022 survey. To do this, we use your answers to the next three questions to create an individual anonymous code of you. This means that we will have no way of knowing who you are as an individual.

Remember, you do not have to answer any of these questions.

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

(e.g., '15' if you were born on the 15th of May).

Day _____	<input type="radio"/> Don't know
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2.2 What is the first letter of the city or town you were born in?
(e.g., 'N' for Nelson).

2.3 What are the first and second letters of the name of your first pet?
(e.g., 'NG' for Ngeru).

First letter _____	Second letter _____
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2.4 If you completed the [Identify survey](#), do you consent for us to use your responses to the questions above so we can link and share your Counting Ourselves survey responses with the Identify survey research team?

Identify was an anonymous online survey available to takatāpui, MVPFAFF+, LGBTQIA+ young people, and friends and allies aged between 14 and 26 years (inclusive) in Aotearoa New Zealand. See <https://identifysurvey.nz/> for further details.

Your responses will still be kept anonymous and stored securely on a password-protected account. This will help the Identify research team to understand how things are going for trans and non-binary young people.

This is completely optional.

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I did not complete the Identify survey

3: Gender Affirming Care

These next questions are about the types of healthcare that trans and non-binary people might seek to affirm their gender or sex. We use 'gender affirming healthcare' to describe these types of healthcare.

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

	Had this and paid for it myself (or my family, friends, or partner paid)	Had this and did not pay for it myself (and my family, friends, or a partner did not pay)	Want this, but have not had it	Not sure if I want this	Do not want this
Counselling or psychological support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy, including from a speech therapist or vocal coach	<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"/>
Another type of gender affirming healthcare (not including hormones or surgeries – we will ask about those later), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We do not want to make assumptions about anyone's bodies, so the next question shows you all possible types of fertility preservation options. You can choose to say this is not relevant to my body for any of those response options.

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

	Had this and paid for it myself (or my family, friends, or partner paid)	Had this and did not pay for it myself (and my family, friends, or a partner did not pay)	Want this, but have not had it	Not sure if I want this	Do not want this	This is not relevant to my body
Freezing sperm (for fertility preservation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storing eggs or ovarian tissue (for fertility preservation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

> Please answer the following question if you selected “Have had this and paid myself”; “Have had this and did not pay myself”; or “Want this, but have not had it” for any of the health services listed in questions 3.1 or 3.2. Otherwise, you can skip this question.

3.3 Have you received or tried to receive these gender affirming health services through the Aotearoa NZ public health system (e.g., through a public hospital)?

	Have had it	Have tried to get this but have not had it	Have not tried to get this
Counselling or psychological support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freezing sperm (for fertility preservation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storing eggs or ovarian tissue (for fertility preservation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy, including from a speech therapist or vocal coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair removal using laser or electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another type of gender affirming healthcare (not including hormones or surgeries – we will ask about those later), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

> Please answer the following question if you selected “Want this, but have not had it” for any of the health services in question 3.1 or 3.2. Otherwise, please skip to question 3.6.

3.4 Why have you not accessed these healthcare services?

Select all that apply. Please note that the following table is split over two pages and that the statements at the top are different on each page.

	I cannot afford this	I'm afraid to	I can't afford the direct costs or to take time off work for this	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
Counselling or psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezing sperm (for fertility preservation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storing eggs or ovarian tissue (for fertility preservation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice therapy, including from a speech therapist or vocal coach	<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"/>
Another type of gender affirming healthcare (not including hormones or surgeries – we will ask about those later), <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I don't have enough support from my family or from a partner	It takes too much time to get a referral, on a waiting list, or an appointment	I am on a waiting list to get an appointment	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	Other reason
Counselling or psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezing sperm (for fertility preservation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storing eggs or ovarian tissue (for fertility preservation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice therapy, including from a speech therapist or vocal coach	<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"/>
Another type of gender affirming healthcare (not including hormones or surgeries – we will ask about those later), <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

> Please answer the following question if you selected “Other reason” for any of the health service options in question 3.4. Otherwise, please skip to question 3.6.

3.5 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?

We are now going to ask you questions about gender affirming hormones. We mean hormones that you choose to take to affirm or embody your gender.

3.6 Have you ever received puberty blockers for gender affirming care (e.g., Lucrin® injections or Zoladex® pellets)? These are also known as blockers and usually used by people aged 9–16. *This does not include hormones taken for other medical reasons.*

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.8	<input type="radio"/> Don't know >Go to 3.8
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3.7 At what age (in years) did you begin taking puberty blockers for gender affirming care (e.g., Lucrin® injections or Zoladex® pellets)? These are also known as blockers and usually used by people aged 9–16. *This does not include hormones taken for other medical reasons.*

3.8 Have you had, or do you want, gender affirming hormones, including estrogen, testosterone, or anti-androgens?

This does not include hormones taken for other medical reasons.

To avoid confusion, we have used ‘estrogen’ rather than ‘oestrogen’ as it is often spelt this way by trans or non-binary people in Aotearoa.

Some common brands in Aotearoa include:

- Estrogen (Progynova® tablets or Estradot® patches)
- Testosterone (Reandron® or Sustanon® injections or Androderm® patches)
- Anti-androgens (Procur® or Androcur® tablets or Spiractin® pills)

<input type="radio"/> Yes, I am taking hormones or have taken hormones >Go to 3.10	<input type="radio"/> I want to take hormones, but I have not been able to yet
<input type="radio"/> I am not sure if I want to take hormones	<input type="radio"/> I do not want to take hormones >Go to 3.14

3.9 Why have you not accessed gender affirming hormones (this includes estrogen, testosterone, and anti-androgens)?

Select all that apply.

<input type="checkbox"/> I cannot afford it (including the cost of doctor appointments and assessments)	<input type="checkbox"/> I'm afraid to
<input type="checkbox"/> I do not have confidence in the service provided	<input type="checkbox"/> I might be treated badly by the provider for being trans or non-binary
<input type="checkbox"/> I do not know where to go	<input type="checkbox"/> I don't have enough support from my family or from a partner
<input type="checkbox"/> It takes too much time to get a referral, on a waiting list, or an appointment	<input type="checkbox"/> I am on a waiting list to get an appointment
<input type="checkbox"/> I do not know what to expect or I'm not familiar with the procedures	<input type="checkbox"/> I might want to in the future, but I have not yet
<input type="checkbox"/> I was told I was not able to because of my gender identity or	<input type="checkbox"/> I was told I was not able to because of my age
<input type="checkbox"/> I was told I was not able to because of my body size, weight, or BMI	<input type="checkbox"/> I was told I was not able to because of my mental health
<input type="checkbox"/> I was told I was not able to because of my mental health	<input type="checkbox"/> I was told I was not able to because of my autism
<input type="checkbox"/> I was told I was not able to because of my disability	<input type="checkbox"/> Another reason, <i>please specify</i> _____

3.10 Right now, are you avoiding telling health professionals something about your physical or mental health because you fear it would affect your access to gender affirming hormones?

Yes, *please specify* _____

No

3.11 Are you currently taking gender affirming hormones (this includes testosterone, estrogen, and anti-androgens)?

This does not include hormones taken for other medical reasons.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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3.12 At what age did you begin to take gender affirming hormones (this includes testosterone, estrogen, and anti-androgens)?

This does not include hormones taken for other medical reasons.

3.13 Who wrote your first prescription for gender affirming hormones?

This does not include hormones taken for other medical reasons.

<input type="checkbox"/> A GP	<input type="checkbox"/> A nurse practitioner
<input type="checkbox"/> An endocrinologist	<input type="checkbox"/> A sexual health doctor
<input type="checkbox"/> A youth health doctor (e.g., paediatrician)	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other health professional, <i>please specify</i> _____	

3.14 In the last 4 years, have you visited a doctor or nurse practitioner about beginning gender affirming hormones for the first time?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.18
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3.15 In the last 4 years, which of the following services did you use to access gender affirming hormones for the first time?

Select all that apply.

<input type="checkbox"/> An endocrinologist	<input type="checkbox"/> A sexual health service
<input type="checkbox"/> A primary care clinic that was not my regular provider (e.g., a provider who is known to have expertise in gender affirming care)	<input type="checkbox"/> My regular primary care provider (GP or nurse practitioner)
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other service, <i>please specify</i> _____

3.16 Before getting prescribed hormones for the first time, were you required to see a mental health professional (e.g., a psychologist or psychiatrist) to access the hormones?

This is sometimes called a readiness assessment.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.18	<input type="radio"/> I don't know >Go to 3.18
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3.17 Did you receive or try to receive this service through the Aotearoa NZ health system (e.g., through a public hospital)?

<input type="radio"/> Have had it	<input type="radio"/> Have tried to get this but have not had it	<input type="radio"/> Have not tried to get this
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>Please answer the following question if you answered “yes” to question 3.11 (currently taking gender affirming hormones). If you are not currently taking hormones, please skip to question 3.20.

3.18 Where do you currently get your hormones?

Select all that apply.

<input type="checkbox"/> As a prescription from a licensed professional in Aotearoa NZ (like a doctor, endocrinologist, or nurse practitioner)	<input type="checkbox"/> Without a prescription from an Aotearoa NZ herbalist, pharmacy, or Chinese medicine practice
<input type="checkbox"/> Buying online from a pharmacy or drugstore overseas	<input type="checkbox"/> From friends
<input type="checkbox"/> From other sources, <i>please specify</i> _____	

3.19 Which of the following types of gender affirming hormones are you currently taking? Select all that apply.

This does not include hormones taken for other medical reasons.

Only some of these are funded in Aotearoa New Zealand.

<input type="checkbox"/> Puberty blocker injections (e.g., Lucrin®)	<input type="checkbox"/> Puberty blocker pellets (e.g., Zoladex®)
<input type="checkbox"/> Cyproterone acetate tablets (e.g., Siterone®, Androcur®, or Procur®)	<input type="checkbox"/> Spironolactone pills (e.g., Spiractin®)
<input type="checkbox"/> Bicalutamide pill (e.g., Binarex®, Bicalox®, or Cosudex®)	<input type="checkbox"/> Micronised Progesterone capsules (Utrogestan® or Prometrium®)
<input type="checkbox"/> Estrogen tablets (e.g., Progynova®)	<input type="checkbox"/> Estrogen patches (e.g., Estradot®)
<input type="checkbox"/> Micronised Estrogen (e.g., Estrofem®)	<input type="checkbox"/> Estrogen gel
<input type="checkbox"/> Estrogen injections	<input type="checkbox"/> Testosterone injections (e.g., Sustanon®, Reandron®, or Depo-Testosterone)
<input type="checkbox"/> Testosterone patches (e.g., Androderm®)	<input type="checkbox"/> Testosterone gel or cream
<input type="checkbox"/> Testosterone pellets	<input type="checkbox"/> Another type of gender affirming hormone. <i>Please specify</i> _____

3.20 Which of the following types of gender affirming hormones would you like to be taking?

Select all that apply.

<input type="checkbox"/> Puberty blocker injections (e.g., Lucrin®)	<input type="checkbox"/> Puberty blocker pellets (e.g., Zoladex®)
<input type="checkbox"/> Cyproterone acetate tablets (e.g., Siterone®, Androcur®, or Procur®)	<input type="checkbox"/> Spironolactone pills (e.g., Spiractin®)
<input type="checkbox"/> Bicalutamide pill (e.g., Binarex®, Bicalox®, or Cosudex®)	<input type="checkbox"/> Micronised Progesterone capsules (Utrogestan® or Prometrium®)
<input type="checkbox"/> Estrogen tablets (e.g., Progynova®)	<input type="checkbox"/> Estrogen patches (e.g., Estradot®)
<input type="checkbox"/> Micronised Estrogen (e.g., Estrofem®)	<input type="checkbox"/> Estrogen gel
<input type="checkbox"/> Estrogen injections	<input type="checkbox"/> Testosterone injections (e.g., Sustanon®, Reandron®, or Depo-Testosterone)
<input type="checkbox"/> Testosterone patches (e.g., Androderm®)	<input type="checkbox"/> Testosterone gel or cream
<input type="checkbox"/> Testosterone pellets	<input type="checkbox"/> Another type of gender affirming hormone, please specify _____
<input type="checkbox"/> None of the above	

>Please answer the following question if you answered “testosterone injections”; “testosterone patches”; “testosterone gel or cream”; or “testosterone pellets” to question 3.19. If you are not taking any testosterone, please skip to question 3.22.

3.21 After starting testosterone, did you experience pain in your abdomen or pelvis (this is the area below the chest and above the pubic bone)?

<input type="checkbox"/> Yes, new pain started	<input type="checkbox"/> Yes, existing pain got worse
<input type="checkbox"/> No	<input type="checkbox"/> Don't know

>Please answer the following question if you answered “as a prescription from a licensed professional in Aotearoa NZ (like a doctor, endocrinologist, or nurse practitioner) in question 3.18. Otherwise, skip to 3.25.

3.22 To what extent do you agree with the following statements?

If you have had more than one healthcare provider prescribe you gender affirming hormones, please answer about your current or most recent provider.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have been informed by my healthcare provider about the different types of hormone that I could take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views were taken seriously by my healthcare provider when deciding the type(s) of hormones that I am on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views were taken seriously by my healthcare provider when deciding the dosage of hormones that I am on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My healthcare provider discussed the risks and benefits of hormones with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am taking the type(s) of prescribed hormones that I want to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am taking the dosage(s) of prescribed hormones that I want to take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.23 Have you ever requested to change the type or dose of gender affirming hormones but were declined?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.25	<input type="radio"/> Don't know >Go to 3.25
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3.24 Why were you not able to change the type or dose of hormones that you requested?

Select all that apply.

<input type="checkbox"/> I was told the type of hormones or dose was too high to be safe	<input type="checkbox"/> I was told the type of hormones or dose was too low to be safe
<input type="checkbox"/> I was told there was not enough evidence showing this was useful for trans or non-binary people	<input type="checkbox"/> I was told the type of hormones or dosage was not available in Aotearoa NZ
<input type="checkbox"/> I was told that I could not change my hormones due to my mental health	<input type="checkbox"/> I was told that I could not change my hormones due to my autism
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other reason, <i>please specify</i> _____

3.25 Is there anything else about barriers to accessing your preferred dosage, administration method, or type of gender affirming hormones that you would like to share with us?

3.26 Are you currently taking anti-androgens or puberty blockers for gender affirming care and not taking estrogen or testosterone? This does not include hormones taken for other medical reasons.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.29	<input type="radio"/> Don't know >Go to 3.29
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3.27 How long have you been taking anti-androgens or puberty blockers for gender affirming care and not been taking estrogen or testosterone? This does not include hormones taken for other medical reasons.

<input type="radio"/> Length of time _____	<input type="radio"/> Don't know
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3.28 Do you intend to take estrogen or testosterone in the future? (This could be a micro dose / low dose, or a higher dose).

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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3.29 Is there anything else you would like to share about your experiences with hormones?

We are now going to ask you questions about gender affirming surgeries. We mean surgeries that you choose to have to affirm or embody your gender.

We do not want to make assumptions about people's bodies, so the next question shows you all possible types of surgeries. You can choose to say this is not relevant to my body for any of those response options.

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

	Have had this surgery	Want this surgery, but have not had it	Not sure if I want this surgery	Do not want this surgery	This is not relevant to my body
Chest reconstruction surgery (mastectomy)	<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"/>
Removal of uterus / ovaries (hysterectomy / oophorectomy)	<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"/>
Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reshaping or removal of Adam's apple (tracheal or laryngeal shave)	<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"/>
Voice surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surgery, <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

>Please answer the following question if you answered “Have had this surgery”; or “want this surgery, but have not had it” for any of the surgeries in question 3.30. Otherwise, please skip to question 3.38.

3.31 Have you received or tried to receive these gender affirming health surgeries through the Aotearoa New Zealand public health system (e.g., through a public hospital)?

	Have had it	Have tried to get this but have not had it	Have not tried to get this
Chest reconstruction surgery (mastectomy)	<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 uterus / ovaries (hysterectomy / oophorectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of testes (orchidectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reshaping of Adam’s apple (laryngeal or tracheal shave)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminising surgeries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other surgery, <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you answered “Have had this surgery” in question 3.30. If your surgery was paid for through the Aotearoa New Zealand public health system. (“Have had it” in question 3.31), or you have never had a gender affirming surgery, please skip to question 3.34.

3.32 How did you pay for the following surgeries that you had to affirm your gender?

Select all that apply.

	I paid for it myself or my family, friends, or partner paid	It was paid for by Aotearoa New Zealand health insurance	It was paid for by an overseas public health system and / or overseas insurance	I paid for this another way (e.g., fundraising)
Chest reconstruction surgery (mastectomy)	<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"/>
Removal of uterus / ovaries (hysterectomy / oophorectomy)	<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"/>
Genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reshaping of Adam’s apple (tracheal or laryngeal shave)	<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"/>
Voice surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surgery, <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

>Please answer the following question if you selected “I paid for it myself, or my family, friends, or partner paid” for any of the gender affirming surgeries in 3.32. Otherwise, please skip to 3.34.

3.33 How much have you, your family, or your friends paid for in total for all of your gender affirming surgeries (excluding travel and accommodation)?

<input type="radio"/> Amount in Aotearoa NZD_____	<input type="radio"/> Don’t know
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>Please answer the following question if you selected have had a “genital reconstruction surgery (vaginoplasty, metoidioplasty, phalloplasty)” in question 3.30. If you have never had a genital reconstruction surgery, please skip to question 3.38.

3.34 Where did you have your genital reconstruction surgery?

<input type="radio"/> I had this surgery while living overseas >Go to 3.36	<input type="radio"/> I had this surgery overseas while living in Aotearoa New Zealand	<input type="radio"/> I had this surgery in Aotearoa New Zealand >Go to 3.36
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3.35 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 Aotearoa New Zealand are helping trans people who go overseas for surgeries, so please only respond about any overseas surgery.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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>Please answer the following question if you selected “I had this surgery overseas while living in Aotearoa New Zealand” or “I had this surgery overseas while living overseas” for question 3.34. Otherwise, please skip to question 3.37.

3.36 Have you needed to see a health professional in Aotearoa New Zealand for a problem or complication resulting from an overseas gender affirming surgery?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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3.37 Since you had your vaginoplasty, have you ever received a gynaecological exam from either a gynaecologist or your primary provider?

Select all that apply.

<input type="radio"/> Yes, for a specific health concern	<input type="radio"/> Yes, for a regular gynaecological check-up	<input type="radio"/> No	<input type="radio"/> This is not relevant to my body
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>Please answer this question if you selected “want this surgery, but have not had it” for any of the gender affirming surgeries in question 3.30. Otherwise, please skip to 3.40.

3.38 Why have you not accessed these surgeries?

Select all that apply.

Answer the question below if you want any of these surgeries, but have not had them yet. *Note that the question is quite large and spreads over 4 pages.*

	Chest reconstruction surgery (mastectomy)	Surgery to make breasts larger (breast augmentation)	Removal of uterus / ovaries (hysterectomy / oophorectomy)	Removal of testes (orchidectomy)	Genital reconstruction surgery (vaginoplasty, phalloplasty, metoidioplasty)	Reshaping of Adam's apple (laryngeal or tracheal shave)	Facial feminising surgeries	Voice surgery	Other surgery, <i>please specify</i> _____
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"/>
I do not know where to go	<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 don't have enough support from my family or from a partner	<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"/>
This is not available in Aotearoa 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"/>

	Chest reconstruction surgery (mastectomy)	Surgery to make breasts larger (breast augmentation)	Removal of uterus / ovaries (hysterectomy / oophorectomy)	Removal of testes (orchidectomy)	Genital reconstruction surgery (vaginoplasty, phalloplasty, metoidioplasty)	Reshaping of Adam's apple (laryngeal or tracheal shave)	Facial feminising surgeries	Voice surgery	Other surgery, <i>please specify</i> _____
Because of my wish to have children	<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 to get a referral, on a waiting list, or an appointment	<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 am on a waiting list for an appointment	<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 procedures	<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 complicated	<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"/>

	Chest reconstruction surgery (mastectomy)	Surgery to make breasts larger (breast augmentation)	Removal of uterus / ovaries (hysterectomy / oophorectomy)	Removal of testes (orchidectomy)	Genital reconstruction surgery (vaginoplasty, phalloplasty, metoidioplasty)	Reshaping of Adam's apple (laryngeal or tracheal shave)	Facial feminising surgeries	Voice surgery	Other surgery, <i>please specify</i> _____
A health professional told me I need to be on gender affirming hormones first	<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 was told I was not able to because of my gender identity or expression	<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 was told I was not able to because of my age	<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 was told I was not able to because of my body size, weight, or BMI	<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 was told I was not able to because of my mental health	<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"/>

	Chest reconstruction surgery (mastectomy)	Surgery to make breasts larger (breast augmentation)	Removal of uterus / ovaries (hysterectomy / oophorectomy)	Removal of testes (orchidectomy)	Genital reconstruction surgery (vaginoplasty, phalloplasty, metoidioplasty)	Reshaping of Adam's apple (laryngeal or tracheal shave)	Facial feminising surgeries	Voice surgery	Other surgery, <i>please specify</i> _____
I was told I was not able to because I am autistic or neurodivergent	<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 was told I was not able to because of a disability	<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"/>

>Please answer the following question if you selected “another reason” in question 3.38. Otherwise, please skip to question 3.40.

3.39 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?

3.40 In the last 4 years, have you moved to another part of Aotearoa New Zealand to access gender affirming healthcare that was not available where you had been living before in Aotearoa New Zealand?

<input type="radio"/> Yes	<input type="radio"/> No
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3.41 Are you aware of the Ministry of Health’s Gender Affirming (Genital) Surgery Service (GAGGS)? (This was previously accessed through the High Cost Treatment Pool.)

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.47
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3.42 Have you applied for gender affirming genital surgery through the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.46	<input type="radio"/> Don't know >Go to 3.46
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3.43 What has been the response to your application to the High Cost Treatment Pool or Gender Affirming (Genital) Surgery Service?

<input type="radio"/> I have received gender-affirming surgeries through the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool
<input type="radio"/> My application was accepted and I am on the waiting list >Go to 3.45
<input type="radio"/> My application was declined >Go to 3.46
<input type="radio"/> I am still waiting for a response to my application >Go to 3.46
<input type="radio"/> My application was accepted but I am no longer interested in receiving surgery through the Gender Affirming (Genital) Surgery Service >Go to 3.46
<input type="radio"/> Something else, <i>please specify</i> _____ >Go to 3.46

3.44 How long did you have to wait from your application being submitted before you received your first genital reconstruction surgery?

<input type="radio"/> Length of time _____	<input type="radio"/> Don't know
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3.45 How long have you been on the waiting list of the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool?

<input type="radio"/> Length of time _____	<input type="radio"/> Don't know
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>Please answer this question if you answered “no”; or “don’t know” to question 3.42. Otherwise, please skip to question 3.47.

3.46 Why have you not applied to the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool?

Select all that apply.

<input type="checkbox"/> I do not think it is worth applying because of the length of the waiting list
<input type="checkbox"/> I did not know how to apply to the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool
<input type="checkbox"/> I did not have the money to pay for the pre-assessments
<input type="checkbox"/> I have wanted this type of surgery, but not from the surgeon that this service would pay for
<input type="checkbox"/> I could not find a DHB specialist who would complete the application for me
<input type="checkbox"/> I have had these procedures already, paid through personal funding
<input type="checkbox"/> I have been told I am not eligible for the waiting list
<input type="checkbox"/> I had these procedures already, paid through public funding
<input type="checkbox"/> I have never wanted this type of surgery
<input type="checkbox"/> Other reasons. <i>Please specify</i> _____

3.47 Is there anything else you want to share about the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool?

3.48 Have you ever retransitioned (sometimes called detransitioned)? In other words, have you ever gone back to living as the gender you were assigned at birth or raised as, at least for a while?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 3.51	<input type="radio"/> I have never transitioned >Go to 3.51
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3.49 Why did you retransition?

Select all that apply.

<input type="checkbox"/> Pressure from a parent	<input type="checkbox"/> Pressure from spouse or partner
<input type="checkbox"/> Pressure from other family members	<input type="checkbox"/> Pressure from friends
<input type="checkbox"/> Pressure or stigma I faced in the community	<input type="checkbox"/> Pressure from my employer
<input type="checkbox"/> Pressure from a mental health professional	<input type="checkbox"/> I had trouble getting a job
<input type="checkbox"/> I had trouble finding a place to live	<input type="checkbox"/> Pressure from religion
<input type="checkbox"/> Changes in my identity or desire	<input type="checkbox"/> I faced too much harassment/discrimination
<input type="checkbox"/> My initial transition did not reflect the complexity of my gender identity	<input type="checkbox"/> This was linked to my intersex variation or related medication I was taking
<input type="checkbox"/> This does not apply to me	
<input type="checkbox"/> Other reason, <i>please specify</i> _____	

3.50 What support was, or would have been, useful for you when you retransitioned?

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.

3.51 Which of these medical specialists have you ever seen in Aotearoa New Zealand about your gender affirming healthcare needs?

Select all that apply.

Endocrinologist – An endocrinologist is a medical professional who specialises in the endocrine glands, and the hormones that they produce.

Surgeon – A surgeon is a medical professional who performs operations. Surgeons can specialise in different areas, like cosmetic surgery or cardiac surgery.

Urologist – A urologist is a medical professional who specialises in the urinary system, including your kidneys, bladder, and urethra. Urologists are also experts on the reproductive systems of people assigned male at birth.

Obstetrician or gynaecologist – An obstetrician is a medical professional who specialises in delivering babies, and caring for people before, during, and after pregnancy and birth. A gynaecologist is a medical professional who specialises in the reproductive system of people assigned female at birth.

Psychiatrist – A psychiatrist is a medical professional who specialises in mental health. Psychiatrists are different from psychologists because they have studied medicine and are also able to prescribe medication.

Sexual health physician – A sexual health physician is a medical professional who specialises in sexuality, sexual relations, sexually transmitted infections, and contraception. Sexual health physicians may also specialise in providing gender affirming care.

Fertility expert – A fertility expert is a medical professional who specialises in fertility issues, including ovulation problems and low sperm count, and fertility treatments, like IVF. A fertility expert can have a background in a number of medical fields, like urology, obstetrics, gynaecology, or reproductive endocrinology.

Youth health specialist or paediatrician – A youth health specialist, or a paediatrician, is a medical professional who specialises in the health of infants, children, and adolescents.

<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Surgeon
<input type="checkbox"/> Urologist	<input type="checkbox"/> Obstetrician or gynaecologist
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Sexual health physician
<input type="checkbox"/> Fertility specialist	<input type="checkbox"/> Youth health specialist or paediatrician
<input type="checkbox"/> Other specialist, <i>please specify</i> _____	
<input type="checkbox"/> I have never seen any specialist for gender-affirming care >Go to 3.54	

3.52 Thinking about your last visit to each of these medical specialists for gender affirming healthcare, how good was the specialist at involving you in decisions about your gender affirming care, such as discussing different treatment options? ***Please only answer for specialists that you selected in question 3.51.***

	Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This does not apply
Endocrinologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrician or gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fertility specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth health specialist or paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other specialist, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.53 Thinking about your last visit to each of these medical specialists for gender affirming healthcare, how good was the specialist at treating you with respect and dignity? ***Please only answer for specialists that you selected in question 3.51.***

	Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This does not apply
Endocrinologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgeon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrician or gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fertility specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth health specialist or paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other specialist, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.54 In the last 4 years, was there a time when a doctor or nurse practitioner referred you to a specialist but you did not go for any of the following reasons? This includes both general and gender affirming care.

Select all that apply.

<input type="checkbox"/> Cost	<input type="checkbox"/> Dislike or fear of the treatment
<input type="checkbox"/> Difficult to take time off work	<input type="checkbox"/> No transport or too far to travel
<input type="checkbox"/> Could not arrange childcare or care for a dependent adult	<input type="checkbox"/> Didn't have a carer, support person, or interpreter to go with me
<input type="checkbox"/> Hospital or specialist doctor didn't accept the referral	<input type="checkbox"/> No longer needed or issue was resolved
<input type="checkbox"/> None of the above	<input type="checkbox"/> I have not been referred to a specialist in the past five years
<input type="checkbox"/> Don't know	<input type="checkbox"/> Another reason. <i>Please specify</i> _____

3.55 Is there anything else that you would like to share about your experiences of accessing gender affirming healthcare through the Aotearoa New Zealand public health system?

4: Care Competency

4.1 Who is the main healthcare provider you usually go to for gender affirming healthcare, such as hormone prescriptions or surgery referrals? *This is someone who can authorise prescriptions or make referrals to other health services.*

<input type="radio"/> General practitioner (GP)	<input type="radio"/> Endocrinologist
<input type="radio"/> Sexual health doctor	<input type="radio"/> Paediatrician
<input type="radio"/> Nurse practitioner	<input type="radio"/> Mental health professional (e.g., psychiatrist)
<input type="radio"/> I don't have a healthcare provider for gender affirming care right now > Go to 4.3	
<input type="radio"/> Other provider, <i>please specify</i> _____	

4.2 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 or non-binary healthcare
<input type="radio"/> They know most things about trans or non-binary healthcare
<input type="radio"/> They know some things about trans or non-binary healthcare
<input type="radio"/> They know very little or nothing about trans or non-binary healthcare

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

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

Note that this could have been for any kind of care, including gender affirming, general, or routine healthcare.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 4.5	<input type="radio"/> Don't know >Go to 4.5
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4.4 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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4.5 How comfortable are you discussing being trans or non-binary with your usual primary care provider, such as a general practitioner (GP) or nurse practitioner?

Very uncomfortable	Uncomfortable	Neither comfortable nor uncomfortable	Comfortable	Very comfortable	I do not have a primary care doctor or GP
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.6 How comfortable are you discussing that you are trans or non-binary in these healthcare settings?

	Very comfortable	Comfortable	Neither comfortable nor uncomfortable	Uncomfortable	Very uncomfortable	This does not apply to me
With a receptionist in a health clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In emergency care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a hospital ward or cubicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With a mental health provider (e.g., a psychologist, psychiatrist, or counsellor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With a physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With a speech and language therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With a midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.7 Have you ever had any of these things happen to you when you were trying to access healthcare? Please include experiences with any person(s) involved with your care including doctors, nurses, mental health professionals, and administrative staff.

Select all that apply.

<input type="checkbox"/> I had to teach a healthcare provider about trans or non-binary people so that I could get appropriate care
<input type="checkbox"/> I was asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for my visit
<input type="checkbox"/> I was refused care or had care ended because I am trans or non-binary
<input type="checkbox"/> A healthcare provider used hurtful or insulting language about trans or non-binary people
<input type="checkbox"/> A healthcare provider refused to discuss or address gender affirming healthcare
<input type="checkbox"/> A healthcare provider told me I had to wait before I could start my transition
<input type="checkbox"/> A healthcare provider told me that I was not really trans or non-binary
<input type="checkbox"/> A healthcare provider told me they don't know enough about gender affirming care to provide it
<input type="checkbox"/> A healthcare provider belittled or ridiculed me for being trans or non-binary
<input type="checkbox"/> A healthcare provider thought the gender listed on my ID or forms was a mistake even though it was correct
<input type="checkbox"/> A healthcare provider knowingly referred to me by the wrong gender, either in person or in a referral
<input type="checkbox"/> A healthcare provider knowingly used an old name that I am no longer comfortable with
<input type="checkbox"/> A healthcare provider refused to provide me with a referral for gender affirming care
<input type="checkbox"/> I could not access an appropriate bathroom
<input type="checkbox"/> None of these things have happened to me >Go to 4.9
<input type="checkbox"/> None of my healthcare providers are aware that I am trans or non-binary, so these do not apply to me >Go to 4.9

4.8 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, mental health professionals, and administrative staff.

Select all that apply.

<input type="checkbox"/> I had to teach a healthcare provider about trans or non-binary people so that I could get appropriate care
<input type="checkbox"/> I was asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for my visit
<input type="checkbox"/> I was refused care or had care ended because I am trans or non-binary
<input type="checkbox"/> A healthcare provider used hurtful or insulting language about trans or non-binary people
<input type="checkbox"/> A healthcare provider refused to discuss or address gender affirming healthcare
<input type="checkbox"/> A healthcare provider told me I had to wait before I could start my transition
<input type="checkbox"/> A healthcare provider told me that I was not really trans or non-binary
<input type="checkbox"/> A healthcare provider told me they don't know enough about gender affirming care to provide it
<input type="checkbox"/> A healthcare provider belittled or ridiculed me for being trans or non-binary
<input type="checkbox"/> A healthcare provider thought the gender listed on my ID or forms was a mistake even though it was correct
<input type="checkbox"/> A healthcare provider knowingly used an old name that I am no longer comfortable with
<input type="checkbox"/> A healthcare provider refused to provide me with a referral for gender affirming care
<input type="checkbox"/> I could not access an appropriate bathroom
<input type="checkbox"/> None of the above

4.9 How have GPs and nurse practitioners ever been supportive of you?

Select all that apply.

<input type="checkbox"/> Shown they knew a lot about gender affirming care
<input type="checkbox"/> Shown they were open to discussing gender affirming care
<input type="checkbox"/> Been supportive of my needs relating to gender affirming care
<input type="checkbox"/> Been good at navigating services and referring me to the appropriate people
<input type="checkbox"/> Been good at advocating for my care
<input type="checkbox"/> Always used my correct gender pronouns, with me and in referrals
<input type="checkbox"/> Always used my current name, with me and in referrals
<input type="checkbox"/> Managed my medical records appropriately. For example, listed my correct name, pronouns, and gender in medical records
<input type="checkbox"/> Shown they were willing to educate themselves on gender affirming care, if necessary
<input type="checkbox"/> Treated me the same as any other patient when my needs were not directly related to gender affirming care
<input type="checkbox"/> Been able to clearly explain why any and all examinations were necessary
<input type="checkbox"/> Took steps to make physical exams more comfortable for me
<input type="checkbox"/> Encouraged me to bring whānau or support people to my appointments
<input type="checkbox"/> Some of my healthcare providers were aware that I am trans or non-binary, but have not been supportive of me in any ways
<input type="checkbox"/> None of my healthcare providers are aware that I am trans or non-binary, therefore, these do not apply to me >Go to 4.11
<input type="checkbox"/> None of the above >Go to 4.11
<input type="checkbox"/> Other ways, <i>please specify</i> _____

4.10 How have GPs and nurse practitioners been supportive of you in the last 12 months?

Select all that apply.

<input type="checkbox"/> Shown they knew a lot about gender affirming care
<input type="checkbox"/> Shown they were open to discussing gender affirming care
<input type="checkbox"/> Been supportive of my needs relating to gender affirming care
<input type="checkbox"/> Been good at navigating services and referring me to the appropriate people
<input type="checkbox"/> Been good at advocating for my care
<input type="checkbox"/> Always used my correct gender pronouns, with me and in referrals
<input type="checkbox"/> Always used my current name, with me and in referrals
<input type="checkbox"/> Managed my medical records appropriately. For example, listed my correct name, pronouns, and gender in medical records
<input type="checkbox"/> Shown they were willing to educate themselves on gender affirming care, if necessary
<input type="checkbox"/> Treated me the same as any other patient when my needs were not directly related to gender affirming care
<input type="checkbox"/> Been able to clearly explain why any and all examinations were necessary
<input type="checkbox"/> Took steps to make physical exams more comfortable for me
<input type="checkbox"/> Encouraged me to bring whānau or support people to my appointments
<input type="checkbox"/> Some of my healthcare providers were aware that I am trans or non-binary, but have not been supportive of me in any ways
<input type="checkbox"/> None of the above
<input type="checkbox"/> Other ways, <i>please specify</i> _____

4.11 Have healthcare providers ever helped to make you feel more safe or comfortable to discuss being trans or non-binary in any of the following ways?

Select all that apply.

<input type="checkbox"/> They introduced themselves with their own pronouns, or they had included their pronouns on an email or letter
<input type="checkbox"/> There were items within their waiting room, clinic, office space (e.g., flags, posters) or on them (e.g., badges) which allowed me to identify them as trans friendly
<input type="checkbox"/> They specifically invited me to talk about my gender affirming healthcare needs
<input type="checkbox"/> They were identifiable as trans or non-binary themselves
<input type="checkbox"/> None of the above > Go to 4.13

4.12 In the last 12 months, have healthcare providers helped to make you feel more safe or comfortable to discuss being trans or non-binary in any of the following ways?

Select all that apply.

<input type="checkbox"/> They introduced themselves with their own pronouns, or they had included their pronouns on an email or letter
<input type="checkbox"/> There were items within their waiting room, clinic, office space (e.g., flags, posters) or on them (e.g., badges) which allowed me to identify them as trans friendly
<input type="checkbox"/> They specifically invited me to talk about my gender affirming healthcare needs
<input type="checkbox"/> They were identifiable as trans or non-binary themselves
<input type="checkbox"/> None of the above

4.13 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?

5: General Healthcare

These next questions are about seeing your general practitioners (GPs) or family doctor. This can be at your usual medical centre or somewhere else, including any video or phone appointments. All these questions are about your use of health services, for your own health, including gender affirming healthcare and general or routine healthcare.

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 >Go to 5.5	<input type="radio"/> Don't know
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5.2 How did you choose your GP clinic or medical centre?

Select all that apply.

<input type="radio"/> It is local and easy to get to
<input type="radio"/> It is low cost
<input type="radio"/> It is the clinic or medical centre that my family attends
<input type="radio"/> I was told that it was trans friendly by another trans or non-binary person
<input type="radio"/> I was told that it was trans friendly by another medical practitioner
<input type="radio"/> Other reason, <i>please specify</i> _____

5.3 In the last 12 months, how helpful have you found the receptionists at your usual medical centre?

Very helpful	Helpful	Neither helpful or unhelpful	Unhelpful	Very unhelpful	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.4 Overall, how satisfied are you with the care you got at your usual medical centre in the last 12 months? This includes all staff, not just the GP.

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

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

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This doesn't apply to me	I have never seen a GP >Go to 5.10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This doesn't apply to me
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.7 Still thinking about your last visit to a GP, how good was the GP at treating you with respect and dignity?

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This doesn't apply to me
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.8 Still thinking about your last visit to a GP, how do you rate the quality of care you received from the GP?

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

5.10 In the last 12 months, have you seen or talked to a nurse at a GP clinic or medical centre, about your own health?

A GP clinic or medical centre can include student / youth health services, Māori or Pacific health clinics, Accident and Medical Centres, GP clinics located within a hospital, and air force / army / navy GPs.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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5.11 Thinking about your last visit to a nurse at a GP clinic or medical centre, how good was the nurse at involving you in decisions about your care, such as discussing different treatment options?

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This doesn't apply to me	I have never seen a nurse at a GP clinic or medical centre >Go to 5.13
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.12 Still thinking about your last visit to a nurse at a GP clinic or medical centre, how good was the nurse at treating you with respect and dignity?

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know	This doesn't apply to me
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.13 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 >Go to 5.15	<input type="radio"/> Don't know >Go to 5.15
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5.14 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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5.15 In the last 12 months, was there a time when you had a medical problem but did not visit a GP for any of the following reasons?

Select all that apply.

<input type="checkbox"/> Time taken to get an appointment too long	<input type="checkbox"/> Owed money to the medical centre
<input type="checkbox"/> Dislike or fear of the GP	<input type="checkbox"/> Difficult to take time off work
<input type="checkbox"/> No transport or too far to travel	<input type="checkbox"/> Could not arrange childcare or care for a dependent adult
<input type="checkbox"/> Didn't have a carer, support person, or interpreter to go with me	<input type="checkbox"/> Fear of how I would be treated for being trans or non-binary
<input type="checkbox"/> Could not due to the COVID-19 restrictions or policies	<input type="checkbox"/> Don't know
<input type="checkbox"/> None of the above	
<input type="checkbox"/> Another reason, <i>please specify</i> _____	

5.16 Have you ever travelled outside of your city or township to see a primary healthcare provider who is known to be more trans friendly?

A primary healthcare provider can include GPs, NPs, registered nurses, pharmacists, and other non-emergency health professionals.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 5.18	<input type="radio"/> Don't know >Go to 5.18
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5.17 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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5.18 Is there anything else about your experiences with primary healthcare providers (e.g., doctors and nurses at GP clinics and medical centres) that you would like to share with us?

A primary healthcare provider can include GPs, nurse practitioners, registered nurses, pharmacists, and other non-emergency health professionals.

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

5.19 Have you ever avoided going to the hospital emergency department (when you needed care) because you are trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 5.21
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5.20 In the last 12 months, have you avoided going to the hospital emergency department (when you needed care) because you are trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No
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5.21 Have you ever gone to an emergency department at a public hospital about your own health?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 5.24
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5.22 Thinking about your last visit to a hospital emergency department for your own health, how good were the doctors at treating you with respect and dignity?

Very good	Good	Neither good nor bad	Poor	Very poor	I did not see any doctors	Don't know	This does not apply
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.23 Still thinking about your last visit to a hospital emergency department for your own health, how do you rate the quality of care you received at the hospital emergency department?

Very good	Good	Neither good nor bad	Poor	Very poor	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about cancer screening.

The National Cervical Screening Programme recommends that all people with a cervix (including trans and non-binary people) aged 25–69 who have ever had sex should get regular cervical cancer screening (also called a pap smear).

The Breast Cancer Foundation recommends that people who are assigned female at birth and not taking testosterone, and that people assigned male at birth who are taking gender affirming hormones, should consider enrolling in the free national breast screening programme from age 45 to 69. Other trans and non-binary people should talk to their doctor if they have any concerns about changes to their breast / chest tissue, or about their cancer risk.

For more information on the unique breast cancer risk that trans and non-binary people have, please see: <https://www.breastcancerfoundation.org.nz/breast-cancer/types-of-breast-cancer/breast-cancer-in-the-lgbtq-community>

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.

5.24 In the last 3 years, did any of the following happen to you regarding cervical cancer screening (also called a pap smear)? Answer this question if you think you would need cervical cancer screening.

Select all that apply.

<input type="checkbox"/> I have received a cervical cancer screening
<input type="checkbox"/> I delayed or decided to not get cervical cancer screening 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 cervical cancer screening because of another reason, <i>please explain further</i> _____
<input type="checkbox"/> I have not gotten a cervical cancer screening because of my age
<input type="checkbox"/> I have not gotten a cervical cancer screening because it is not relevant to my body >Go to 5.26

5.25 Would you be more likely to get a cervical screen if there was an option to self-test (a genital swab you can do yourself in private)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
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5.26 In the last 12 months, did any of the following happen to you regarding breast cancer screening test (also called a mammogram)? Answer this question if you think you would need breast cancer screening.

Select all that apply.

<input type="checkbox"/> I have received a mammogram
<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"/> This is not relevant to me because of my age or other breast cancer risk factors
<input type="checkbox"/> This is not relevant to my body

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

The next questions are about your use of mental health services where gender affirming care was not the main reason for accessing them. For example, do not include any assessment by a mental health professional that was required solely to start hormones or get a surgery referral.

5.28 In the last 12 months, did you ever feel that you needed professional help for your emotions, stress, mental health, or substance use, but you didn't receive that help?

This could have been because of personal reasons (for example, it cost too much) or reasons you couldn't control (for example, no appointments available).

<input type="radio"/> Yes	<input type="radio"/> No >5.31	<input type="radio"/> Don't know >5.31
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5.29 Thinking about the most recent time when you felt you needed this professional help for your mental health or substance use but didn't receive it, why was that?

Select all that apply.

<input type="checkbox"/> Wanted to handle it alone and / or with the support of family, whanau, and friends	<input type="checkbox"/> Couldn't spare the time
<input type="checkbox"/> Costs too much	<input type="checkbox"/> Problems with transportation or childcare
<input type="checkbox"/> Unsure where to go or who to see	<input type="checkbox"/> Couldn't get an appointment at a suitable time
<input type="checkbox"/> Time taken to get an appointment too long	<input type="checkbox"/> Available services did not meet my cultural or language needs
<input type="checkbox"/> Health professionals unhelpful or unwilling to help	<input type="checkbox"/> Not satisfied with available services
<input type="checkbox"/> Didn't think treatment would work	<input type="checkbox"/> Concerned what others might think
<input type="checkbox"/> Don't know	<input type="checkbox"/> None of the above
<input type="checkbox"/> Another reason. <i>Please specify</i> _____	

5.30 Thinking again about the most recent time when you felt you needed this professional help for your mental health or substance use but didn't receive it, which of the following reasons apply to you? (These are specific to being trans or non-binary.)

Select all that apply.

<input type="checkbox"/> Did not trust them with personal information about me being trans or non-binary	<input type="checkbox"/> Afraid that health professionals did not have enough understanding of trans and non-binary people
<input type="checkbox"/> Afraid that health professionals did not have enough understanding of the difficult experiences (such as being treated unfairly or harassed) that trans and non-binary people often face	<input type="checkbox"/> Afraid my gender identity would be seen as a mental health issue or as the cause for any mental health issue
<input type="checkbox"/> Afraid that I would be misgendered or that incorrect names would be used to refer to me	<input type="checkbox"/> Afraid that offensive language would be used or that I would be verbally harassed for being trans or non-binary
<input type="checkbox"/> Afraid of how I might be treated by other patients or users for being trans or non-binary	<input type="checkbox"/> None of the above
<input type="checkbox"/> Afraid I might be mistreated in other ways, <i>please specify</i> _____	

5.31 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?

Select all that apply.

<input type="checkbox"/> Hospital emergency department or an after-hours medical centre	<input type="checkbox"/> Hospital ward
<input type="checkbox"/> Crisis mental health team	<input type="checkbox"/> Māori health service (including Māori mental health or addictions services)
<input type="checkbox"/> Pasifika health service (including Pasifika mental health or addictions services)	<input type="checkbox"/> Community mental health or addictions service (including hospital outpatient appointments)
<input type="checkbox"/> Inpatient or residential mental health services (e.g., mental health unit, addiction residential service)	<input type="checkbox"/> Trans, rainbow, or takatāpui community service
<input type="checkbox"/> Private mental health professional or clinic	<input type="checkbox"/> Family violence or sexual violence service
<input type="checkbox"/> Other community support services, such as a "youth one-stop-shop"	<input type="checkbox"/> Programme in prison or a youth justice centre
<input type="checkbox"/> None of the above >Go to 5.33	
<input type="checkbox"/> Other service, <i>please specify</i> _____	

5.32 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 those service providers you said you have seen in the last 12 months in question 5.31.**

Mental health service providers can include psychologists, psychiatrists, therapists, counsellors, etc.

	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"/>
Pasifika health service (including Pasifika 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"/>
Inpatient or residential mental health services (e.g., mental health unit, addiction residential service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trans, rainbow, or takatāpui community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private mental health professional or clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family violence or sexual violence service	<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 service, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.33 Is there anything else about your experiences accessing mental healthcare services that you would like to share with us?

6: Mental Health

The next sections of the survey are about your current state of mental health. These questions are from 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 any help or support, you can contact these services:

Getting Help If you are in immediate physical danger, call 111. If you want to talk to someone about some of the sensitive issues raised in the survey or the community report, below is a list of some of the services that are available for support, information, and help.

Crisis Support If you are worried about your risk of suicide, call your local mental health crisis assessment team or go to the emergency department (ED) at your nearest hospital.

Suicide Crisis Helpline 0800 TAUTOKO (0800 828 865) A free, nationwide service available 24 hours a day, 7 days a week. If you think you, or someone you know, may be thinking about suicide, call the Suicide Crisis Helpline for support.

Helplines

Lifeline 0800 LIFELINE (0800 543 354) or free text HELP (4357) For free, confidential support – 24 hours a day, 7 days a week. Whatever the issue, they're here to listen.

1737 Need to talk? Free call or text 1737 any time for support from a trained counsellor.

The Lowdown 0800 111 757, text 5626 The Lowdown is a website to help young New Zealanders recognise and understand depression or anxiety. Through encouraging early recognition and help for depression or anxiety they intend to reduce the impact depression or anxiety has on the lives of young New Zealanders, now and throughout their adult lives. A 24/7 helpline (text, email and webchat). 'Whatever's going on you'll find ideas and people who can help you get unstuck'.

For a full list of places for help, refer to the help page on our website:

<https://countingourselves.nz/support/>

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

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

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

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

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

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

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

	None of the time	A little of the time	Some of the time	Most of the time	All 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"/>

>Please answer the following question if you selected “A little of the time”; “Some of the time”; “Most of the time”; or “All of the time” for the statement “How often did you feel nervous?” in question 6.4. Otherwise, please skip to question 6.6.

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

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

>Please answer the following question if you selected “A little of the time”; “Some of the time”; “Most of the time”; or “All of the time” for the statement “How often did you feel restless or fidgety?” in question 6.4. Otherwise, please skip to question 6.7.

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

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

>Please answer the following question if you selected “A little of the time”; “Some of the time”; “Most of the time”; or “All of the time” for the statement “How often did you feel depressed?” in question 6.4. Otherwise, please skip to question 6.8.

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

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

6.8 Thinking about the problems you’ve reported in this section of the questionnaire that have been bothering you...

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.9 In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?

<input type="radio"/> Yes	<input type="radio"/> No
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6.10 Have you ever been told by a doctor that you have depression?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don’t know
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6.11 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	<input type="radio"/> Don’t know
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The next few questions ask about your experiences with food, weight, and weight loss.

Some people may find these questions sensitive or stressful to answer. If you need help and support, refer to the help page on our website: <https://countingourselves.nz/support/>

6.12 Do you make yourself sick because you feel uncomfortably full?

<input type="radio"/> Yes	<input type="radio"/> No
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6.13 Do you worry you have lost control over how much you eat?

<input type="radio"/> Yes	<input type="radio"/> No
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6.14 Have you recently lost more than 1 stone (6.35 kg) in a three-month period?

<input type="radio"/> Yes	<input type="radio"/> No
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6.15 Do you believe yourself to be fat when others say you are too thin?

<input type="radio"/> Yes	<input type="radio"/> No
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6.16 Would you say food dominates your life?

<input type="radio"/> Yes	<input type="radio"/> No
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6.17 These next questions ask about self-harm and suicide. Some people may find these questions to be sensitive or stressful to answer. If you think these questions might be too upsetting for you, you can choose to skip them. **If you would like to skip these questions, please go to question 6.22. Otherwise, please continue as normal.**

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

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

6.19 Over the last 2 weeks, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?

Not at all	Several days	More than half of the days	Nearly every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.20 Have you ever...

	Yes	No
Seriously thought about killing yourself (attempting suicide)?	<input type="radio"/>	<input type="radio"/>
Made a plan about how you would kill yourself (attempt suicide)?	<input type="radio"/>	<input type="radio"/>
Tried to kill yourself (attempted suicide)?	<input type="radio"/>	<input type="radio"/>

> Please answer the following question if you selected “Yes” to any of the statements in question 6.20. Otherwise, please skip to 6.22.

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

	Never	One or twice	Three or more times
Seriously thought about killing yourself (attempting suicide)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a plan about how you would kill yourself (attempt suicide)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to kill yourself (attempted suicide)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.22 Is there anything you would like to share about how your experiences as a trans or non-binary person are related to your mental health?

If you need someone to talk to, you may contact one of the helplines listed at the beginning of this section or from the help page on our website <https://countingourselves.nz/support/>.

7: General Health

This section is about your general physical health and long-term health conditions. 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...

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

7.2 Have you ever been told by a doctor or nurse practitioner 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 >Go to 7.4
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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 or nurse practitioner 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 or nurse practitioner 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 or nurse practitioner 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 or nurse practitioner that you have high cholesterol levels in your blood?

<input type="radio"/> Yes	<input type="radio"/> No
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7.8 Have you ever been told by a doctor or nurse practitioner that you have asthma?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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7.9 In the last 12 months, have you had an attack of asthma?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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7.10 Have you ever been told by a doctor or nurse practitioner that you have arthritis? Please include gout, lupus, and psoriatic arthritis.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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7.11 Do you experience chronic pain? This is pain that is present almost every day, but the intensity of the pain may vary. Please only include pain that has lasted, or is expected to last, for more than 6 months.

This includes chronic pain that is reduced by treatment.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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The following questions are asked by Statistics New Zealand in their surveys. We have included them here so we can compare trans and non-binary people's experiences against those of the overall population of disabled people in Aotearoa New Zealand. They are followed by some specific questions for neurodivergent people as neurodiversity is not included in this measure.

We acknowledge that these questions don't align with the social model of disability or the way that many disabled people describe their identity.

7.12 Do you have a disability, long-term condition, or mental health condition that limits your ability to carry out everyday activities?

<input type="radio"/> Yes	<input type="radio"/> No
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7.13 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"/>

>Please answer the following question if you selected “Autism”; “ADHD”; or “Other neurodiversity, please specify” for question 1.24 (forms of neurodiversity). Otherwise, please skip to question 7.16.

7.14 Have you ever been told by a health professional (e.g., a doctor or psychologist) that you have this form of neurodiversity?

This includes older terms for some forms of autism, such as Asperger's. Select all that apply.

<input type="checkbox"/> Autism (suspected diagnosis)	<input type="checkbox"/> Autism (formal diagnosis) >Go to 7.16
<input type="checkbox"/> ADHD (suspected diagnosis)	<input type="checkbox"/> ADHD (formal diagnosis) >Go to 7.16
<input type="checkbox"/> None of the above >Go to 7.16	<input type="checkbox"/> A suspected diagnosis of another form of neurodiversity, <i>please specify</i> _____

7.15 Have you tried to obtain or would you like to get a formal diagnosis of your neurodiversity?

Select all that apply.

<input type="checkbox"/> Yes, but I cannot afford to pay for this	<input type="checkbox"/> Yes, I have not been able to get a referral to get it through the public health system
<input type="checkbox"/> No, because I don't trust how I would be treated as a trans or non-binary person	<input type="checkbox"/> No, because I am worried if I have a diagnosis I will not get referred for gender affirming healthcare
<input type="checkbox"/> No, because I don't trust how I would be treated as a neurodivergent person	<input type="checkbox"/> No, because I don't trust medical professionals have the expertise to give me a correct diagnosis
<input type="checkbox"/> No, because I don't believe that I need one	<input type="checkbox"/> Other reason, <i>please specify</i> _____

The next few questions are about home support, including personal support you have received. This means formal assistance that you receive at home from a paid support worker because of a health condition or limitation that affects your daily life.

7.16 Have you ever received support from a home support worker since identifying as trans or non-binary?

This may include support linked to a disability or an illness or injury.

<input type="radio"/> Yes	<input type="radio"/> Yes, but the support worker was not aware that I was trans or non-binary	<input type="radio"/> No
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>Please answer the following question if you selected “Yes, I am Deaf”; or “Yes, I am disabled or have a disability” for question 1.25, OR “Autism”; “ADHD”; “Other neurodiversity” for question 1.24 (forms of neurodiversity), OR “Yes” to question 7.16. > If you are not Deaf, disabled, or neurodivergent, please skip to question 7.18.

7.17 Have you received these types of formalised, paid support because you are Deaf, disabled, or neurodivergent?

Select all that apply.

<input type="checkbox"/> Personal care	<input type="checkbox"/> Home support
<input type="checkbox"/> Education support	<input type="checkbox"/> Employment support
<input type="checkbox"/> No formalised, paid support	
<input type="checkbox"/> Other support, <i>please specify</i> _____	

>Please answer the following question if you selected “Yes” for question 7.16. Otherwise, please skip to question 7.20.

7.18 If you receive or have received personal care or home support services, were the support workers respectful of your gender identity or expression while:

	Yes	No	I have not received this type of support
Helping you dress, bathe, or use the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing medical care such as giving medication or changing bandages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting you in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.19 Please explain how well these personal care or home support services respected your needs as a trans or non-binary person.

>Please answer the following question if you are aged 50 or older. Otherwise, please skip to question 8.1.

7.20 As you get older, how important is it to live independently in your own home (i.e. 'aging in place')?

Very important	Somewhat important	Not very important	Not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.21 Have you ever used aged care services for yourself or explored this as an option for yourself in the near future? This could be home care services, a rest home, nursing home, retirement village, or other aged care service.

<input type="radio"/> Yes, I have used aged care services	<input type="radio"/> Yes, I have explored using aged care services for myself >Go to 7.24	<input type="radio"/> No >Go to 7.24
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7.22 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, <i>please specify</i> _____	<input type="radio"/> No	<input type="radio"/> Aged care workers were not aware that I am trans or non-binary, so this does not apply to me
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7.23 Please explain how well these aged care services have respected your needs as a trans or non-binary person.

>Please answer the following question if you selected “Yes, I have explored using aged care services for myself” in question 7.21. Otherwise, please skip to 7.25.

7.24 If you were to move to an aged care facility, rest home, nursing home, or a retirement village, how well do you think that aged care workers would respect your gender identity or expression while providing the following types of support:

	Very well	Well	Okay / neutral	Not very well	Not at all	Aged care workers would not be aware that I am trans or non-binary, therefore, this does not apply to me
Helping you dress, bathe, or use the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing medical care such as giving medication or changing bandages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting you in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes, I have used aged care services” in question 7.21. Otherwise, please skip to question 8.1.

7.25 Overall, how well have aged care workers respected your gender identity or expression while providing the following types of support:

	Very well	Well	Okay / neutral	Not very well	Not at all	Aged care workers are not aware that I am trans or non-binary, therefore, this does not apply to me
Helping you dress, bathe, or use the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing medical care such as giving medication or changing bandages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting you in other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8: Sexual Health and Pregnancy

This section is about your sexuality, sexual experiences, sexual health, and pregnancy. Some of these questions are personal. Remember, your responses are anonymous and you can choose to not respond to any questions.

If you need any help or support, you can contact these services:

Outline

0800 OUTLINE (0800 688 5463)

All-ages rainbow mental health organisation providing support to the rainbow community, their friends, whānau, and those questioning. OutLine provides a nationwide, free, and confidential support line and online chat service at outline.org.nz/chat between 6pm - 9pm every evening. They also provide specialist rainbow counselling and an Auckland based trans and non-binary peer support service.

Safe to Talk

0800 044 334, text 4334

Phone, text, or online chat to someone for confidential advice for sexual harm issues.

RainbowYOUTH

A national youth-led organisation dedicated to supporting queer, gender diverse and intersex young people, as well as their whānau and wider communities. RainbowYOUTH runs drop-in centres in Auckland, Tauranga, and New Plymouth, operates peer support groups in Auckland, Northland, Bay of Plenty, Taranaki, and online, provides one-on-one support to young people around gender and sexuality, and publishes a range of information resources and websites.

Burnett Foundation Aotearoa

0800 802 437

Provides HIV and STI testing, counselling, group support, and other services at local centres as well as remotely for people anywhere in New Zealand (Formerly the New Zealand AIDS Foundation).

Te Whāriki Takapou info@tewhariki.org.nz

A Māori organisation providing Māori sexual and reproductive health promotion, research, and policy and advisory services.

For a full list of places for help, refer to the help page on our website: <https://countingourselves.nz/support/>

8.1 Which of the following best describe your sexuality?

Select all that apply.

<input type="checkbox"/> Takatāpui	<input type="checkbox"/> Queer
<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Pansexual
<input type="checkbox"/> Heterosexual / straight	<input type="checkbox"/> Mostly straight
<input type="checkbox"/> Asexual	<input type="checkbox"/> Demisexual
<input type="checkbox"/> Fluid / it changes	<input type="checkbox"/> Pacific cultural term(s) (e.g., fa'afafine, fakaleiti or leiti), <i>please specify</i> _____
<input type="checkbox"/> I am questioning / exploring my sexuality	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other sexuality, <i>please specify</i> _____	

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

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

<input type="radio"/> Yes	<input type="radio"/> No >Go to 8.7
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8.4 Thinking about sex with your regular or casual partners in the last 12 months, have you had vaginal (or front hole) or anal sex with genitals? This does not include fingers, hands, or toys.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 8.7	<input type="radio"/> Don't know >Go to 8.7
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8.5 Did you use a protective barrier (e.g., a condom)?

<input type="radio"/> Yes, always	<input type="radio"/> Sometimes	<input type="radio"/> No, never	<input type="radio"/> Don't know
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8.6 Did you know if your partner(s) had a sexual transmitted infection (STI)?

<input type="radio"/> Yes, I always knew	<input type="radio"/> Sometimes I knew	<input type="radio"/> No, I never knew	<input type="radio"/> I don't know
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8.7 Have you ever been told by a doctor or other healthcare professional that you had any of the following?

Select all that apply.

<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Gonorrhoea
<input type="checkbox"/> Genital or anal warts	<input type="checkbox"/> Genital or anal herpes
<input type="checkbox"/> Trichomonas vaginalis (Trich, TV)	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Non Specific Urethritis (NSU)	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HIV or AIDS
<input type="checkbox"/> Shigella	<input type="checkbox"/> Crabs / Pubic Lice
<input type="checkbox"/> Thrush / Candida	<input type="checkbox"/> Mycoplasm Genitalium
<input type="checkbox"/> Bacterial vaginosis (BV)	<input type="checkbox"/> I was told I had one or more of the above but can't remember which one(s)
<input type="checkbox"/> None of the above	

8.8 Are you currently taking HIV pre-exposure prophylaxis ('PrEP') to prevent infection?

<input type="radio"/> Yes, I am currently taking PrEP	<input type="radio"/> No, but I have taken PrEP in the past	<input type="radio"/> No, I am not, and have never taken PrEP
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8.9 Are you a parent, whatever this means to you? This may include, for example, fostering, adopting, or co-parenting children.

This question includes being a foster caregiver or matua whāngai too, even though these roles are legal guardians rather than parents.

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

<input type="radio"/> I would definitely like a child or more children, and I'm currently trying	<input type="radio"/> I would definitely like a child or more children, but I'm not currently trying
<input type="radio"/> I might like a child or more children – I'm not sure yet	<input type="radio"/> I would definitely not like a child or more children
<input type="radio"/> Don't know	

We do not want to make assumptions about people's bodies, so the next question asks about pregnancy. You can choose to say this is not relevant to my body.

>Please answer the following question if you selected “female” in question 1.10 (sex assigned at birth), or “Yes” in question 1.8. If you selected “male” in question 1.10, please skip to question 8.19.

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

This includes pregnancies that ended in miscarriage, stillbirth, or abortion.

<input type="radio"/> Yes	<input type="radio"/> No, but I was pregnant before I identified as trans or non-binary
<input type="radio"/> No, I have never been pregnant	<input type="radio"/> Unsure
<input type="radio"/> This is not relevant to my body >Go to 8.19	

8.12 Would you like to get pregnant in the future?

<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Don't know	<input type="radio"/> This does not apply to me as I am not able to get pregnant

>Please answer the following question if you selected “Yes”; “No, but I was pregnant before I identified as trans or non-binary”; or “Unsure”, in question 8.11. Otherwise, please skip to question 8.19.

8.13 Have you ever experienced pregnancy loss (such as a miscarriage or stillbirth)?

<input type="radio"/> Yes	<input type="radio"/> No
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8.14 About how long ago was your most recent pregnancy?

<input type="radio"/> Less than 1 year ago	<input type="radio"/> Between 1 and 4 years ago	<input type="radio"/> More than 4 years ago
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>Please answer the following question if you selected “Yes” in question 8.11. Otherwise, please skip to question 8.19.

8.15 Overall, how affirming do you feel your main pregnancy or birth care provider was of your gender?

If you have been pregnant more than once, please answer this question thinking about the most recent time you were pregnant.

Very affirming	Affirming	Neutral	Not very affirming	Not affirming at all	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.16 Have you experienced a miscarriage or stillbirth since identifying as trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No
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8.17 Have you experienced an abortion since identifying as trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 8.19
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8.18 Overall, how affirming do you feel the abortion service was of your gender?

If you have experienced an abortion more than once, please answer this question thinking about your most recent experience.

Very affirming	Affirming	Neutral	Not very affirming	Not affirming at all	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.19 Have any of your partners been pregnant since you started identifying as trans or non-binary? This includes pregnancies that ended in miscarriage, stillbirth, or abortion.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 8.21
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8.20 Overall, how well did care providers include you in the healthcare your partner(s) received for their pregnancy or birth care?

Very well	Well	Okay / Neutral	Not very well	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “yes” to question 8.11, or “yes” to question 8.19. Otherwise, please skip to question 8.24.

8.21 Please tell us about the information and support you received about infant feeding and whether or not it meet your needs.

8.22 Can you think of any ways that pregnancy and birth care providers could improve the care they provide to trans or non-binary people and their whānau?

8.23 Is there anything else you'd like to share about your interactions with pregnancy and / or birth care as a trans or non-binary person?

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

>Please answer the following question if you are aged 18 or older. If you are younger than 18, please skip to question 8.26.

8.24 Have you ever engaged in sexual activity for money (sex work) or had paid work in the sex industry (such as erotic dancing, webcam work, or creating pornographic videos or images)?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 8.26
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8.25 Have you done this in the last 12 months?

<input type="radio"/> Yes	<input type="radio"/> No
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8.26 How have the following things affected your enjoyment of sex or masturbation?

	This has made sex / masturbation more enjoyable	This has not affected my enjoyment of sex / masturbation	This has made sex / masturbation less enjoyable	This does not apply to me
Identifying as trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving gender affirming hormones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving gender affirming surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about your sexual wellbeing in the last 4 weeks. The questions are personal; please take your time and remember that you don't have to answer questions you find difficult.

We use the term 'sex life', which includes your sexual thoughts, sexual feelings, sexual activity and sexual relationships.

You can answer these questions even if you have not had sex with another person.

8.27 Thinking about your sex life over the last 4 weeks, please read the statements below carefully and tell us to what extent you agree or disagree.

	Strongly agree	Somewh at agree	Neither agree nor disagree	Somewh at disagree	Strongly disagree
I feel comfortable with my sexual identity and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel in control of my sexual thoughts and desires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People close to me accept my sexual identity and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some of my sexual thoughts and desires make me feel ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sex life is pleasurable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone I can talk to openly about my sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt upset with myself about mistakes I made in my sexual past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt upset with others about things they did to me in my sexual past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about what might happen to me in my future sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.28 The following question uses the term sexual activities. This includes activities that you do on your own (such as masturbation) or with another person (such as kissing, touching, oral, anal, or vaginal sex).

Thinking about your sex life over the last 4 weeks, please read the statement below carefully and tell us to what extent you agree or disagree.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I only do sexual activities that I really want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes” in question 8.2 (ever had sex) and 8.3 (had sex in the last 12 months). Otherwise, please skip to question 9.1.

8.29 Have you had sex within the last 4 weeks? However you choose to define sex.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 9.1
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8.30 The following questions use the term sex. This includes vaginal, oral, or anal sex, or any other contact involving the genital area. Thinking about the time(s) you had sex over the last 4 weeks, please read the statements below carefully and tell us to what extent you agree or disagree.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I felt able to be ‘in the moment’ and focused during sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had unwanted thoughts during sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During sex, I felt vulnerable when I did not want to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9: School

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

<input type="radio"/> Yes	<input type="radio"/> No >Go to 10.1
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9.2 Which of the following is your school or education situation?

Select all that apply.

<input type="checkbox"/> Public school	<input type="checkbox"/> Private or integrated school
<input type="checkbox"/> Wharekura or kura kaupapa Māori	<input type="checkbox"/> Religious or faith-based school (for instance, a Catholic school, or an Islamic character school, etc)
<input type="checkbox"/> I usually learn from home (home schooling)	<input type="checkbox"/> Te Kura (formerly the Correspondence School)
<input type="checkbox"/> AltEd (Alternative Education) provider	<input type="checkbox"/> I'm at another type of school, <i>please specify</i> _____

9.3 Do you attend a single gender school or a mixed gender school?

<input type="radio"/> Single gender school	<input type="radio"/> Mixed gender school	<input type="radio"/> Not applicable to my school
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9.4 How do you feel about school?

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

9.5 Do you feel safe in your school / course?

Yes, all of the time	Yes, most of the time	Sometimes	No, mostly not	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes	<input type="radio"/> No
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9.7 How well do you do at school (how good are your school results)?

Near the top	Above the middle	About the middle	Below the middle	Near the bottom
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.8 Do you belong to any school sports teams?

<input type="radio"/> Yes	<input type="radio"/> No
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9.9 How supportive are adults at your school of trans or non-binary students (for example, teachers, coaches, counsellors, or other school staff)?

All the adults at my school are supportive	Most of the adults at my school are supportive	About half of the adults at my school are supportive	Most of the adults at my school are <u>not</u> supportive	All of adults at my school are <u>not</u> supportive	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

All of my classmates are supportive	Most of my classmates are supportive	About half of my classmates are supportive	Most of my classmates are <u>not</u> supportive	All of my classmates are <u>not</u> supportive	I don't know	My classmate do not know that I am trans or non-binary
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

9.13 Does your current school have a Rainbow Diversity Group or Queer–Straight Alliance (QSA)?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 9.15	<input type="radio"/> Don't know
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9.14 If you have been involved in any of these groups, how has that been for you?

9.15 Have you ever had to leave a school because you were concerned about others having a problem with your gender? You may have had to change school, or start correspondence or home schooling.

<input type="radio"/> Yes	<input type="radio"/> No
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9.16 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.

I haven't been bullied in school >Go to 9.18	I haven't been bullied in the last 12 months >Go to 9.18	It has happened once or twice	About once a week	Several times a week	Most days
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.17 In the last 12 months, have you been bullied for being trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
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9.18 In the last 12 months, has any teacher harassed or attacked you (e.g., made slurs at you, ridiculed you, physically attacked you, or sexually harassed you)?

No, I have never been harassed or attacked by a teacher >Go to 9.20	No, not in the last 12 months >Go to 9.20	Yes, it has happened once or twice in the last 12 months	Yes, about once a week	Yes, several times a week	Yes, most days
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.19 Was the harassment or attack by a teacher because you are trans or non-binary?

Always	Most of the time	About half of the time	Sometimes	Never	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Not at all	Not in the last month	Once	2 or 3 times	4 or more times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.21 How much do you agree with the following statements about your current school?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know	Not applicable
It is safe 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"/>	<input type="radio"/>
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"/>	<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"/>	<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"/>	<input type="radio"/>
The school makes it clear that it 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"/>	<input type="radio"/>
The rules and regulations at my school support trans and non-binary students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know	Not applicable
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"/>	<input type="radio"/>
Trans and non-binary students are supported to participate in sports at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.22 Does the gender and sexuality education you have received at secondary school include learning about trans and non-binary topics and experiences?

<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> I am not sure	<input type="radio"/> My school does not have sexuality or gender education > Go to 9.24

9.23 How much do you agree with the following statement: The gender and sexuality education you received at your secondary school represented trans and non-binary people in an accurate way? (e.g., it used gender inclusive language for body parts)?

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

10: Substance Use

This next section asks about use of cigarettes, alcohol, and other drugs.

10.1 Have you ever smoked cigarettes or other forms of tobacco at all, even just a few puffs?

Please include pipes and cigars, but not electronic cigarettes or vaping devices, which we ask about later.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 10.3	<input type="radio"/> Don't know >Go to 10.3
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10.2 On average, how many cigarettes do you smoke a day?

None – I don't smoke now	Less than 1 per day	1 - 5 per day	6 - 10 per day	11 - 15 per day	16 - 20 per day	21 - 25 per day	26 - 30 per day	31 or more a day
<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"/>

10.3 Have you ever tried an electronic cigarette or vaping device, even just a puff or 'vape'?

<input type="radio"/> Yes	<input type="radio"/> No > Go to 10.5	<input type="radio"/> Don't know > Go to 10.5
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10.4 How often do you vape or use e-cigarettes now?

I don't use them now	At least once a day	At least once a week	At least once a month	Less often than once a month	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Yes	<input type="radio"/> No >Go to 10.10	<input type="radio"/> Don't know >Go to 10.10
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10.6 How often do you have a drink containing alcohol?

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

10.7 For the next question, refer to the picture below for examples of the number of standard drinks in different alcoholic drinks. How often do you have 6 or more standard drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
○	○	○	○	○

Standard drinks picture showcard:



10.8 How often during the last 12 months have you...

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Don't know
Found that you were not able to stop drinking once you had started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failed to do what was normally expected from you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a feeling of guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been unable to remember what happened the night before because you had been drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.9 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 year	<input type="radio"/> Yes, during the last year	<input type="radio"/> No	<input type="radio"/> Don't know
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The next questions are about your experience of using other drugs. These substances can be smoked, swallowed, snorted, inhaled, injected, or taken in the form of pills. Please do not include medicine that you have used for the purpose it was prescribed for, by your doctor. Please include prescribed medicine that you have taken for other reasons, such as to get high, or taken more frequently or at a higher dose than specified. Remember that this survey is anonymous.

10.10 In the last 12 months, have you used any of the following substances?

Select all that apply.

<input type="checkbox"/> Cannabis (marijuana, hash, weed, etc)	<input type="checkbox"/> Cocaine (coke, crack, etc)
<input type="checkbox"/> Ecstasy / MDMA	<input type="checkbox"/> Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)
<input type="checkbox"/> Inhalants (NOS, glue, petrol, poppers, etc)	<input type="checkbox"/> Sedatives or sleeping pills (Valium, diazepam, etc)
<input type="checkbox"/> Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="checkbox"/> Opioids (heroin, morphine, methadone, codeine, fentanyl, etc)
<input type="checkbox"/> Don't know	<input type="checkbox"/> No, none of the above
<input type="checkbox"/> Other (synthetic cannabinoids, 'synnies', GHB, GBL, etc), <i>please specify</i>	

>Please answer the following question if you are aged between 14 and 17, or answered “Yes” to question 9.1 (currently attending school), AND if you selected any of the substances listed in question 10.10, e.g., “Cannabis” or “Inhalants”. Otherwise, please skip to question 10.12.

10.11 In the last 12 months, have you got into trouble or done something you regretted (like unsafe sex, been injured) because you had been using...

Note: You only need to answer for substances you selected in question 10.10.

	Yes	No
Cannabis (marijuana, hash, weed, etc)	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc)	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, diazepam, etc)	<input type="radio"/>	<input type="radio"/>
Inhalants (NOS, glue, petrol, poppers, etc)	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, homebake, morphine, methadone, codeine, fentanyl, etc)	<input type="radio"/>	<input type="radio"/>
Other (synthetic cannabinoids, ‘synnies’, GHB, GBL, etc), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>

>>Please answer the following question if you selected any of the substances listed in question 10.10, e.g., “Cannabis”. Otherwise, please skip to question 10.16.

10.12 In the last 3 months, how often have you used the substances you mentioned?

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Cannabis (marijuana, hash, weed, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, diazepam, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (NOS, glue, petrol, poppers, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, homebake, morphine, methadone, codeine, fentanyl, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (synthetic cannabinoids, ‘synnies’, GHB, GBL, etc), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Once or twice”; “Monthly”; “Weekly”; or “Daily or almost daily” for any of the substances listed in question 10.12. If you have not used any substances in the last 3 months, please skip to question 10.16.

10.13 During the last 3 months, how often have you had a strong desire or urge to use the substances you mentioned?

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Cannabis (marijuana, hash, weed, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, diazepam, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (NOS, glue, petrol, poppers, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, homebake, morphine, methadone, codeine, fentanyl, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (synthetic cannabinoids, ‘synnies’, GHB, GBL, etc), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.14 During the last 3 months, how often has your use of the substances you mentioned led to health, social, legal, or financial problems?

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Cannabis (marijuana, hash, weed, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, diazepam, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (NOS, glue, petrol, poppers, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, homebake, morphine, methadone, codeine, fentanyl, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (synthetic cannabinoids, ‘synnies’, GHB, GBL, etc), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.15 During the last 3 months, how often have you failed to do what was normally expected of you because of your use of the substances you mentioned?

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Cannabis (marijuana, hash, weed, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, diazepam, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (NOS, glue, petrol, poppers, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, homebake, morphine, methadone, codeine, fentanyl, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (synthetic cannabinoids, 'synnies', GHB, GBL, etc), <i>please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.16 Has a friend or relative or anyone else ever expressed concern about your use of the following substances?

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Cannabis (marijuana, hash, weed, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, diazepam, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (NOS, glue, petrol, poppers, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, mushrooms, ketamine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, homebake, morphine, methadone, codeine, fentanyl, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (synthetic cannabinoids, 'synnies', GHB, GBL, etc.). <i>Please specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.17 Have you ever sought support from any of the following places for problems related to your substance use?

Select all that apply.

<input type="checkbox"/> Counsellor or other mental health professional	<input type="checkbox"/> GP
<input type="checkbox"/> 12-step programme (such as Alcoholics Anonymous or Narcotics Anonymous)	<input type="checkbox"/> The Alcohol Drug Helpline
<input type="checkbox"/> Community alcohol and drug services (CADS) (including hospital outpatient appointments)	<input type="checkbox"/> Inpatient or residential addictions service
<input type="checkbox"/> Trans, rainbow, or takatāpui community service	<input type="checkbox"/> Māori health or addictions services
<input type="checkbox"/> Pasifika health or addictions services	<input type="checkbox"/> Private addiction professional or clinic
<input type="checkbox"/> Addictions programme in prison or a youth justice centre	<input type="checkbox"/> I haven't needed support
<input type="checkbox"/> Other support, <i>please specify</i> _____	

10.18 Do you have anything to share about your experiences with these support services?

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

11: Income and Employment

These questions are about your income and your work experiences.

11.1 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"/> Zero income	<input type="radio"/> \$1 – \$5,000
<input type="radio"/> \$5,001 – \$10,000	<input type="radio"/> \$10,001 – \$15,000	<input type="radio"/> \$15,001 – \$20,000
<input type="radio"/> \$20,001 – \$25,000	<input type="radio"/> \$25,001 – \$30,000	<input type="radio"/> \$30,001 – \$35,000
<input type="radio"/> \$35,001 – \$40,000	<input type="radio"/> \$40,001 – \$50,000	<input type="radio"/> \$50,001 – \$60,000
<input type="radio"/> \$60,001 – \$70,000	<input type="radio"/> \$70,001 – \$100,000	<input type="radio"/> \$100,001 – \$150,000
<input type="radio"/> \$150,001 or more	<input type="radio"/> Don't know	

11.2 *This question gives examples of things some people are forced to do to keep costs down. It is not about just choosing to spend less.* In the last 12 months, to what extent have you had to do 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"/>
Postponed or put off visits to the dentist	<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"/>
Delayed replacing or repairing broken or damaged appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Select 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, 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"/> Yes, I worry that interviewers will discriminate against me if they realise I am trans or non-binary
<input type="checkbox"/> Yes, because of my gender expression or appearance	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	<input type="checkbox"/> Job recruiters and / or employers are not aware that I am trans or non-binary, so this does not apply to me
<input type="checkbox"/> This does not apply to me, as I am not trying to get paid work	<input type="checkbox"/> Yes, for other reasons. <i>Please specify</i> _____

11.4 When applying for a job in the last 4 years, have you avoided providing a reference or referee from a previous job because it would disclose that you are trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> I have not applied for a job in the last 4 years	<input type="radio"/> All of my previous work history is with my current or correct name or gender, so this does not apply to me

11.5 Which of these statements best describes your current work situation?

<input type="radio"/> Working in paid employment (includes self-employment)
<input type="radio"/> Not in paid work and looking for a job >Go to 11.14
<input type="radio"/> Not in paid work and not looking for a job (for any reason, such as being retired, a homemaker, unpaid caregiver, or full-time student) >Go to 11.14
<input type="radio"/> Don't know >Go to 11.14
<input type="radio"/> Other situation, <i>please specify</i> _____ >Go to 11.14

11.6 How many hours a week do you usually work, counting all of your jobs?

Number of hours, <i>please specify</i> _____	<input type="radio"/> Don't know
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11.7 At this time, would you like to work more paid hours than you currently do?

<input type="radio"/> Yes	<input type="radio"/> No
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11.8 Thinking about your main paid job in the last 4 weeks, were you self-employed or working for someone else?

Your main job is the one where you work the most hours. If you work equal hours at more than one job, select the job that is more important to you.

<input type="radio"/> Self-employed >Go to 11.11	<input type="radio"/> Employee, working for someone else
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11.9 Thinking about your main job in the last 4 weeks, is it a permanent job?

A permanent job means it will continue unless you decide to leave or are made redundant. Select all that apply.

<input type="checkbox"/> Yes, it is a permanent job >Go to 11.11	<input type="checkbox"/> No, it is a fixed-term contract
<input type="checkbox"/> No, I was hired to work until a task or project was finished	<input type="checkbox"/> No, I was hired to temporarily replace another worker
<input type="checkbox"/> No, it is a seasonal job that is only available at certain times of the year	<input type="checkbox"/> No, it is a casual job with no guarantee of regular work
<input type="checkbox"/> I don't know	

11.10 Would you prefer your main job to be a permanent ongoing job or to continue working fixed term, casual, short-term, or seasonal jobs as you currently do?

<input type="radio"/> I would prefer my main job to be permanent
<input type="radio"/> I would prefer my main job to not be permanent (e.g., a fixed term contract or casual, short-term or seasonal work)
<input type="radio"/> I don't know

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

All of my co-workers are supportive	Most of my co-workers are supportive	About half of my co-workers are supportive	Most of my co-workers are <u>not</u> supportive	All of my co-workers are <u>not</u> supportive	My co-workers are not aware that I am trans or non-binary	I do not have co-workers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.12 Please think about the last 4 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 4 weeks.

Very satisfied	Satisfied	No feeling either way	Dissatisfied	Very dissatisfied	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>If you selected “My co-workers are not aware that I am trans or non-binary” in question 11.11, please skip to question 11.14. If your co-workers are aware that you are trans and non-binary, please answer this question.

11.13 Thinking about your main job, how often do these people at your work refuse to use your correct name, pronoun, or gender, even though they know 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. <i>This can include your co-workers, customers, or suppliers.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.14 Have any of the following things ever happened to you at work because you are trans or non-binary?

Select all that apply.

<input type="checkbox"/> I delayed steps in my gender transition, because I worried about how I would be treated at work	<input type="checkbox"/> I did not disclose that I was trans or non-binary because I feared discrimination
<input type="checkbox"/> I was given worse pay or conditions than co-workers	<input type="checkbox"/> My employer / boss or co-workers shared information about me or my transition that they should not have
<input type="checkbox"/> Co-workers made unwanted comments about me or talked about me in ways I didn't like	<input type="checkbox"/> I was not allowed to use the workplace bathroom that matched my gender
<input type="checkbox"/> I was removed from direct contact with clients, customers, or patients	<input type="checkbox"/> I was denied promotion at a job
<input type="checkbox"/> I transitioned at work with the support of my employer	<input type="checkbox"/> I was treated fairly and with respect at work after disclosing I was trans or non-binary
<input type="checkbox"/> Co-workers added their pronouns to emails signatures or name tags	<input type="checkbox"/> I knew there was support available at work if I faced discrimination or harassment because I am trans or non-binary
<input type="checkbox"/> My workplace included information about trans and non-binary people in its diversity resources or events	<input type="checkbox"/> I stayed in a job I would prefer to leave
<input type="checkbox"/> I stayed in a job that I was overqualified for	<input type="checkbox"/> I quit a job because of how I was treated as trans or non-binary person
<input type="checkbox"/> I lost a job, was fired, or was forced to resign	<input type="checkbox"/> None of the above >Go to 11.16
<input type="checkbox"/> No-one at any of my jobs has ever known I am trans or non-binary >Go to 11.16	<input type="checkbox"/> I have never worked or had a job >Go to 11.16
<input type="checkbox"/> Other experience, <i>please specify</i> _____	

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

Select all that apply.

<input type="checkbox"/> I delayed steps in my gender transition, because I worried about how I would be treated at work	<input type="checkbox"/> I did not disclose that I was trans or non-binary because I feared discrimination
<input type="checkbox"/> I was given worse pay or conditions than co-workers	<input type="checkbox"/> My employer / boss or co-workers shared information about me or my transition that they should not have
<input type="checkbox"/> Co-workers made unwanted comments about me or talked about me in ways I didn't like	<input type="checkbox"/> I was not allowed to use the workplace bathroom that matched my gender
<input type="checkbox"/> I was removed from direct contact with clients, customers, or patients	<input type="checkbox"/> I was denied promotion at a job
<input type="checkbox"/> I transitioned at work with the support of my employer	<input type="checkbox"/> I was treated fairly and with respect at work after disclosing I was trans or non-binary
<input type="checkbox"/> Co-workers added their pronouns to emails signatures or name tags	<input type="checkbox"/> I knew there was support available at work if I faced discrimination or harassment because I am trans or non-binary
<input type="checkbox"/> My workplace included information about trans and non-binary people in its diversity resources or events	<input type="checkbox"/> I stayed in a job I would prefer to leave
<input type="checkbox"/> I stayed in a job that I was overqualified for	<input type="checkbox"/> I quit a job because of how I was treated as trans or non-binary person
<input type="checkbox"/> I lost a job, was fired, or was forced to resign	<input type="checkbox"/> None of the above
<input type="checkbox"/> Other experience, <i>please specify</i> <hr/> <hr/> <hr/> <hr/> <hr/>	

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

12: State Institutions

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

12.1 In the last 4 years, do you believe the police or other law enforcement officers you interacted with thought or knew you were trans or non-binary?

<input type="checkbox"/> All of the officers thought or knew I was trans or non-binary	<input type="checkbox"/> Some officers thought or knew I was trans or non-binary, some did not
<input type="checkbox"/> None of the officers thought or knew I was trans or non-binary >Go to 12.3	<input type="checkbox"/> I have not interacted with the police or other law enforcement officers in the last 4 years >Go to 12.3

12.2 In the last 4 years, when you interacted with police or other law enforcement officers, were you treated with respect?

<input type="radio"/> I was always treated with respect	<input type="radio"/> I was sometimes treated with respect	<input type="radio"/> I was never treated with respect
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12.3 In the last 4 years, have you avoided contacting the police when you needed police services?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know	<input type="radio"/> I have not needed police services
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12.4 Have you been detained, held in custody, arrested, or charged by the police since identifying as trans or non-binary?

Select all that apply.

<input type="checkbox"/> I was detained or held in custody	<input type="checkbox"/> I was arrested
<input type="checkbox"/> I was charged with an offence	<input type="checkbox"/> I have not been detained, held in custody, arrested, or charged with an offence since identifying as trans or non-binary Go to 12.12
<input type="checkbox"/> I have never been arrested or charged with an offence Go to 12.12	

12.5 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 asked me what was the right name, pronoun, or gender to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police knew my correct name, pronoun, or gender but would not use it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police put me in a cell with other people where I did not feel safe as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police gave me the choice of a cell with women, with men, or on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police gave me a choice about the gender of the officer who searched me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had access to a shower that was safe for me to use as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police harassed or assaulted me because I am trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes” to any of the options in question 12.5. Otherwise, please skip to question 12.7.

12.6 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?

	Yes	No	Not applicable
Police asked me what was the right name, pronoun, or gender to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police knew my correct name, pronoun, or gender but would not use it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police put me in a cell with other people where I did not feel safe as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police gave me the choice of a cell with women, with men, or on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police gave me a choice about the gender of the officer who searched me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had access to a shower that was safe for me to use as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police harassed or assaulted me because I am trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.7 Is there anything else you would like to tell us about any of your experiences with police, whether that happened in the last 12 months or earlier?

12.8 Have you ever been detained or held in custody in an adult prison or a youth detention facility?
Select all that apply.

<input type="radio"/> Yes, in an adult prison	<input type="radio"/> Yes, in a youth detention facility (e.g., a borstal, or a youth justice residence)	<input type="radio"/> No >Go to 12.12
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12.9 Was this in the last 4 years?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 12.11
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12.10 In the last 4 years, did any of the following things happen to you in prison, borstal, a youth justice

	Yes	No	Not applicable
I was not given any choice about whether I was placed in a men's or women's facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Staff knew my correct name, pronoun, or gender but would not use it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was given a choice about the gender of the officer who searched me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff put me in a cell, room, or shared living space with other people where I did not feel safe as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had access to a shower that was safe for me to use as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The prison / detention facility would not let me start taking prescribed hormones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was 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"/>
Staff took my prescribed hormones away from me or stopped me from using them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was kept isolated from other people because I am trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff harassed or assaulted me because I am trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes, in an adult prison”; or “Yes, in a youth detention facility (e.g., a borstal, or a youth justice residence) in question 12.8. Otherwise, please skip to question 12.12.

12.11 Is there anything else you would like to tell us about any of your experiences with prisons, or youth justice residences, whether that happened in the last 4 years or earlier?

12.12 The following question is 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.

How much do you trust:

	Not at all										Completely	
	0	1	2	3	4	5	6	7	8	9	10	
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>

13: Housing

Homelessness is defined by Stats NZ as a living situation where people with no other options to acquire safe and secure housing are: without shelter (e.g., sleeping without a roof over your head, or in your car) in temporary accommodation (e.g., renting a room at a motel, or staying at a homeless shelter) sharing accommodation with a household (e.g., couch surfing at friends' homes) living in uninhabitable housing

13.1 Have you ever experienced homelessness?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 13.6
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13.2 How old were you when you first became homeless?

<input type="radio"/> 12 years or younger	<input type="radio"/> Between 13 and 17 years old
<input type="radio"/> Between 18 and 25 years old	<input type="radio"/> 25 years or older

<input type="radio"/> Don't know	
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13.3 What is the longest time that you have ever been homeless for (including if you are currently homeless)?

<input type="radio"/> Less than 1 week	<input type="radio"/> Between 1 week and 1 month
<input type="radio"/> More than 1 month and up to 3 months	<input type="radio"/> More than 3 months and up to 6 months
<input type="radio"/> More than 6 months and up to 12 months	<input type="radio"/> More than 12 months
<input type="radio"/> Don't know	

13.4 Where did you mainly sleep while you were homeless?

Select all that apply.

Uninhabitable housing is when people live in a place that is falling apart and is not safe or clean. The surroundings might be messy and overgrown, the roof might not be good, the doors and windows might be broken or not secure, and there might be vandalism. Sometimes people's water or electricity gets cut off too. Uninhabitable housing does not include places that are just cold, damp, or not insulated.

<input type="checkbox"/> Outside (e.g., street, park)	<input type="checkbox"/> Couch or spare room
<input type="checkbox"/> Vehicle (e.g., car, van, bus)	<input type="checkbox"/> Garage / shed
<input type="checkbox"/> A temporary room in a hotel or hostel	<input type="checkbox"/> Shelter or emergency housing
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Staying with another household
<input type="checkbox"/> Living in uninhabitable housing	<input type="checkbox"/> Other place, <i>please specify</i> _____

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

13.6 Have any of the following housing situations ever happened to you?

	Yes, this happened to me because I am trans or non-binary	This happened to me, but I am unsure if it was due to me being trans or non-binary	This happened to me but not because I am trans or non-binary	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"/>	<input type="radio"/>
I had to leave my home / apartment because I did not feel safe	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes, this happened to me because I am trans or non-binary” for any of the housing situations in question 13.6. Otherwise, please skip to question 13.8.

13.7 Have any of the following housing situations happened to you in the last 4 years because you are trans or non-binary?

Select all that apply.

<input type="checkbox"/> I was evicted from or asked to leave my home / apartment	<input type="checkbox"/> I had to leave my home / apartment because I did not feel safe
<input type="checkbox"/> I was denied a home / apartment	<input type="checkbox"/> I had to move back in with family members or friends
<input type="checkbox"/> I had to move into a less expensive home / apartment	<input type="checkbox"/> I was homeless because of violence from a partner or family member
<input type="checkbox"/> None of the above	

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

13.8 Have you ever tried to access an organisation for emergency housing, including a shelter or refuge?

Select all that apply.

<input type="checkbox"/> Yes, and I stayed at one or more shelters or refuges >Go to 13.10	<input type="checkbox"/> Yes, but I was denied access to one or more shelters because I am trans or non-binary
<input type="checkbox"/> Yes, but I was denied access to one or more shelters for reasons other than my gender >Go to 13.11	<input type="checkbox"/> No, because I feared I would be mistreated as a trans or non-binary person >Go to 13.11
<input type="checkbox"/> No, because there were no shelters available near where I lived >Go to 13.11	<input type="checkbox"/> I have never needed to stay at a shelter or refuge >Go to 13.11
<input type="checkbox"/> No, for other reasons. <i>Please specify</i> _____ >Go to 13.11	

13.9 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
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13.10 Have any of these things ever happened to you in a shelter or refuge because you are trans or non-binary?

Select all 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"/> They required me to dress / present as the wrong gender in the shelter or refuge
<input type="checkbox"/> I was verbally harassed	<input type="checkbox"/> I was physically attacked
<input type="checkbox"/> I experienced unwanted sexual contact (such as fondling, sexual assault, or rape)	<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 thrown out after they learned I was trans or non-binary	<input type="checkbox"/> None of the above >Go to 13.12

13.11 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?

Select all 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"/> They required me to dress / present as the wrong gender in the shelter or refuge
<input type="checkbox"/> I was verbally harassed	<input type="checkbox"/> I was physically attacked
<input type="checkbox"/> I experienced unwanted sexual contact (such as fondling, sexual assault, or rape)	<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 thrown out after they learned I was trans or non-binary	<input type="checkbox"/> None of the above

13.12 Have you ever moved towns or cities in Aotearoa New Zealand, to feel safer as a trans or non-binary person?

<input type="radio"/> Yes	<input type="radio"/> No
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14: Discrimination

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 being treated unfairly for any reason, not just because you are trans or non-binary. We also ask questions about trans and non-binary people's experiences in different places.

14.1 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 >Go to 14.6	<input type="radio"/> Don't know >Go to 14.6
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14.2 In the last 12 months have you been discriminated against?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 14.5	<input type="radio"/> Don't know >Go to 14.5
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14.3 Were you discriminated against in any of these situations in the last 12 months?

Select all that apply.

<input type="checkbox"/> In a shop or restaurant	<input type="checkbox"/> On the street or in a public place
<input type="checkbox"/> Seeking medical care	<input type="checkbox"/> Dealing with the police
<input type="checkbox"/> Trying to get a job	<input type="checkbox"/> At work
<input type="checkbox"/> Trying to rent housing	<input type="checkbox"/> At school
<input type="checkbox"/> Other situation, <i>please specify</i> _____	

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

Select all that apply.

<input type="checkbox"/> Age	<input type="checkbox"/> Skin colour
<input type="checkbox"/> The way I dress or my appearance	<input type="checkbox"/> Race or ethnic group
<input type="checkbox"/> My accent or the language I speak	<input type="checkbox"/> Gender
<input type="checkbox"/> Being trans or non-binary	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Religious beliefs	<input type="checkbox"/> Disability or health issues
<input type="checkbox"/> Don't know	
<input type="checkbox"/> Other reason, <i>please specify</i> _____	

>Please answer the following question if you selected “Yes” in question 14.1. Otherwise please skip to question 14.6.

14.5 In the last 4 years, have you been discriminated against for being trans or non-binary?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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14.6 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 needed this service or place	People at this place are not aware that I am trans or non-binary, so this does not apply to me
Drug or alcohol treatment programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver licensing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work and Income or MSD to apply for a benefit or entitlement (including StudyLink, Senior Services, and Heartland Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym / pool	<input type="radio"/>	<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"/>	<input type="radio"/>
Court / courthouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports clubs or team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aged care (e.g., rest home, retirement village, supported care / in home support care)	<input type="radio"/>	<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"/>	<input type="radio"/>
Retail store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant, hotel, theatre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church or other place of faith / worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes” to any of the places listed in question 14.6. Otherwise, please skip to question 14.10.

14.7 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?

Select all that apply.

<input type="checkbox"/> Drug or alcohol treatment programme
<input type="checkbox"/> Driver licensing services
<input type="checkbox"/> Work and Income or MSD to apply for a benefit or entitlement (including StudyLink, Senior Services, and Heartland Services)
<input type="checkbox"/> Gym / pool
<input type="checkbox"/> Legal services from a lawyer, clinic, or legal professional
<input type="checkbox"/> Court / courthouse
<input type="checkbox"/> Sports clubs or team
<input type="checkbox"/> A bank
<input type="checkbox"/> Aged care (e.g., rest home, retirement village, supported care / in home support care)
<input type="checkbox"/> Public transport (such as bus, train, taxi, Uber)
<input type="checkbox"/> Retail store
<input type="checkbox"/> Restaurant, hotel, theatre
<input type="checkbox"/> Church or other place of faith / worship
<input type="checkbox"/> None of the above

>Please answer the following question if you selected “Yes”; “No”; or “People at this place are not aware that I am trans or non-binary, so this does not apply to me” in question 14.6. Otherwise, please skip to question 14.10.

14.8 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? *Select all that apply.*

	Treated unfairly	Verbally harassed	Physically attacked	One or more of these things happened to me, but I'm not sure if it was because I am trans or non-binary	None of these things happened to me at this place	People at this place are not aware that I am trans or non-binary, therefore, this does not apply to me
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 or MSD to apply for a benefit or entitlement (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"/>
Sports clubs or team	<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, supported care / in home support care)	<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"/>

	Treated unfairly	Verbally harassed	Physically attacked	One or more of these things happened to me, but I'm not sure if it was because I am trans or non-binary	None of these things happened to me at this place	People at this place are not aware that I am trans or non-binary, therefore, this does not apply to me
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"/>
Church or other place of faith / worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

>Please answer the following question if you selected “Treated unfairly”; “Verbally harassed”; or “Physically attacked” for any of the places in question 14.8. Otherwise, please skip to question 14.10.

14.9 In the last 4 years, have any of these things happened to you because you are trans or non-binary when you visited or used services at these places?

Select all that apply.

	Treated unfairly	Verbally harassed	Physically attacked	One or more of these things happened to me, but I'm not sure if it was because I am trans or non-binary	None of these things happened to me at this place	People at this place are not aware that I am trans or non-binary, therefore, this does not apply to me
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 or MSD to apply for a benefit or entitlement (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"/>

	Treated unfairly	Verbally harassed	Physically attacked	One or more of these things happened to me, but I'm not sure if it was because I am trans or non-binary	None of these things happened to me at this place	People at this place are not aware that I am trans or non-binary, therefore, this does not apply to me
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"/>
Sports clubs or team	<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, supported care / in home support care)	<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"/>
Church or other place of faith / worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

14.10 Has anyone ever done these things to you when you have tried to use a shared or public bathroom?

Select all that apply.

<input type="checkbox"/> Told or asked me if I was using the wrong bathroom	<input type="checkbox"/> Stopped me entering a bathroom
<input type="checkbox"/> Verbally harassed me when I tried to use a public bathroom	<input type="checkbox"/> Physically attacked me when I tried to use a public bathroom
<input type="checkbox"/> Sexually harassed me when I tried to use a public bathroom	<input type="checkbox"/> I have never been visibly trans or non-binary while using a bathroom, so this does not apply to me >Go to 14.12
<input type="checkbox"/> None of the above >Go to 14.12	

14.11 In the last 12 months, did anyone do these things to you when you have tried to use a shared or public bathroom?

Select all that apply.

<input type="checkbox"/> Told or asked me if I was using the wrong bathroom	<input type="checkbox"/> Stopped me entering a bathroom
<input type="checkbox"/> Verbally harassed me when I tried to use a public bathroom	<input type="checkbox"/> Physically attacked me when I tried to use a public bathroom
<input type="checkbox"/> Sexually harassed me when I tried to use a public bathroom	<input type="checkbox"/> None of the above

14.12 In the last 12 months, how often have you avoided going to a shared or public bathroom because you are afraid of having problems using it, because you are trans or non-binary?

Never	Rarely	Sometimes	Often	Always	Strangers are not aware that I am trans or non-binary, so this does not apply to me	I have not used public bathrooms in the last 12 months, so this does not apply to me
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14.13 In the last 4 years, have you avoided any of the following situations or spaces because of fear of how you would be treated for being trans or non-binary?

Select all that apply.

<input type="checkbox"/> Bar or nightclub	<input type="checkbox"/> Church, synagogue, temple, mosque, or other religious venue
<input type="checkbox"/> Gym or pool	<input type="checkbox"/> Public event
<input type="checkbox"/> Party or private event	<input type="checkbox"/> Public space (e.g., park, street).
<input type="checkbox"/> Public transport	<input type="checkbox"/> Public bathroom
<input type="checkbox"/> Public changing room	<input type="checkbox"/> Cultural centre
<input type="checkbox"/> School or university	<input type="checkbox"/> Shop or restaurant
<input type="checkbox"/> Support group	<input type="checkbox"/> Travelling internationally
<input type="checkbox"/> Travelling within Aotearoa	<input type="checkbox"/> None of the above
<input type="checkbox"/> People at these places are not aware that I am trans or non-binary, therefore, this does not apply to me	<input type="checkbox"/> Other situation or space, <i>please specify</i> _____

14.14 How often in the last 12 months have you seen negative messages related to trans or non-binary people on:

	Not in the last 12 months	A few times in the last 12 months	Once a month or less	A few times a month	Once a week	A few times a week	Every day
Online news websites (e.g., <i>NZ Herald</i> , <i>Stuff</i>)	○	○	○	○	○	○	○
Social media (e.g., Facebook, Twitter, Instagram, YouTube, TikTok)	○	○	○	○	○	○	○
Radio (including online radio)	○	○	○	○	○	○	○
Printed newspapers or magazines	○	○	○	○	○	○	○
TV news	○	○	○	○	○	○	○
Podcasts	○	○	○	○	○	○	○

15: Safety, Harassment, and Violence

This section is about safety, harassment and violence. Remember all of your answers to this survey are completely anonymous and confidential.

Sometimes we ask if you have ever had these experiences, while other times we ask if it has happened in the last 4 years or the last 12 months. There are specific reasons why we ask the questions in these different ways. If this is the first Counting Ourselves survey that asks this question, we often ask if this has ever happened to you. Other times we want to know if something has happened since the last Counting Ourselves survey 4 years ago. Often we have to ask questions about the last 12 months to compare with another survey's statistics for other people in Aotearoa.

If you would like to talk to someone about harassment or violence you have experienced, you can call or **text 1737** any time for free to get support from a trained counsellor. You can also contact OutLine, a confidential rainbow community helpline, each evening on: **0800 OUTLINE 688 5463** or <http://www.outline.org.nz/>.

For a full list of places for help, refer to the help page on our website:
<https://countingourselves.nz/support/>

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

	Very unsafe	Unsafe	Neither safe nor unsafe	Safe	Very safe	This does not apply to me
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"/>

15.2 In the last 12 months, has anyone acted in a way that caused you fear, alarm, or distress?

For example, by following or confronting you, lurking outside your home or workplace, putting threatening information on the internet, or making a series of threatening or silent phone calls to you?

Include if this was done by partners, family / whānau members, other people you know, or strangers, and also if this happened in your job. Only include messages or phone calls when you have received more than one from the same person.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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15.3 In the last 4 years, have you been verbally harassed for being trans or non-binary (e.g., hostile comments or put-downs that make fun of your gender)?

<input type="radio"/> Yes	<input type="radio"/> No
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The next 2 questions are about someone physically harming you in any way, or threatening or attempting to do that. This includes physical harm from partners, family / whānau members, other people you know, and strangers, including if the physical violence happened in your job. Don't include any incidents where there was a sexual element to the violence, as we will be asking separate questions about sexual violence.

15.4 Has anyone ever deliberately used force or violence on you, or physically harmed you in any way?

Examples of violence can include being shoved, slapped, punched, kicked, grabbed or hit with a weapon or other object. *This includes incidents when you were intoxicated, or when you were drugged, sedated, or made unconscious.*

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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15.5 Has anyone ever tried to use force or violence on you, or tried to physically harm you, in any way?

For example, someone trying to punch you, but missing or being restrained, throwing something at you but missing, etc.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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15.6 Has anyone ever threatened to use force or violence on you, or to physically harm you in a way that actually frightened you?

Threats of violence can include threats to shove, slap, punch, kick, or grab you or to hit you with something. *This includes threats made to you directly (face-to-face, phone, email, text message etc.), or via someone else.*

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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The next question is about whether you think this violence happened to you because you are trans or non-binary.

Like the previous question, include physical harm from partners, family / whānau members, other people you know, and strangers, including if it happened in your job. Don't include any incidents where there was a sexual element to the violence.

>Please answer the following question if you selected “Yes” in question 15.4. Otherwise, please skip to question 15.8.

15.7 In the last 4 years, has anyone deliberately used force or violence on you, or physically harmed you in any way because you are trans or non-binary?

Examples of violence can include being shoved, slapped, punched, kicked, grabbed, or hit with a weapon or other object. This includes incidents when you were intoxicated, or when you were drugged, sedated, or made unconscious.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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>Please answer the following question if you selected “Yes” in question 15.5. Otherwise, please skip to question 15.9.

15.8 In the last four years, has anyone tried to use force or violence on you, or tried to physically harm you, in any way because you are trans or non-binary?

For example, someone trying to punch you, but missing or being restrained, throwing something at you but missing, etc.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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>Please answer the following question if you selected “Yes” to question 15.6. Otherwise, please skip to question 15.10.

15.9 In the last four years, has anyone threatened to use force or violence on you, or to physically harm you in a way that actually frightened you because you are trans or non-binary?

Threats of violence can include threats to shove, slap, punch, kick, or grab you or to hit you with something. This includes threats made to you directly (face-to-face, phone, email, text message etc.), or via someone else.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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The next question is about whether any partner or ex-partner has ever physically harmed you or threatened to physically harm you.

15.10 In your whole life, has any partner, or ex-partner, ever deliberately used force or violence on you, or physically harmed you in any way?

Examples of violence can include being shoved, slapped, punched, kicked, grabbed, or hit with a weapon or other object. This includes incidents when you were intoxicated, or when you were drugged, sedated, or made unconscious.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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15.11 In your whole life, has any partner, or ex-partner, ever tried to use force or violence on you, or physically harm you in any way?

Examples of violence can include being shoved, slapped, punched, kicked, grabbed, or hit with a weapon or other object.

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

15.12 In your whole life, has any partner, or ex-partner, ever threatened to use force or violence on you, or to physically harm you in a way that actually frightened you?

Threats of violence can include threats to shove, slap, punch, kick, or grab you, or to hit you with something. This includes threats made to you directly (face-to-face, phone, email, text message etc.), or via someone else.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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The next few questions are about sexual violence, including sexual harassment. If you would like to talk to someone about sexual violence you have experienced, contact Safe To Talk's free, confidential helpline any time by phoning **0800 044 334 4334** or texting **4334** (<https://safetotalk.nz>). You can also contact OutLine, a confidential rainbow community phone helpline each evening on: **0800 OUTLINE 688 5463** (<http://www.outline.org.nz/>).

15.13 *These next questions ask about sexual harassment. Some people may find these questions to be sensitive or stressful to answer. If you think these questions might be too upsetting for you, you can choose to skip them.*

Would you like to continue or to skip the sexual harassment questions?

<input type="radio"/> I would like to continue	<input type="radio"/> I would like to skip these question > Go to 15.16
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15.14 In the last 4 years, have any of the following things happened to you because you are trans or non-binary?

	Yes	No	Don't know
I was sent nasty or threatening messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was sent unwanted sexual messages designed to harm or upset me (such as pornographic pictures, videos, or words)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has shared intimate images or recordings of me without my consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has used technology or social media to monitor and control my activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These are some things you can do if you have been harassed or bullied through texts, emails, websites, apps, or social media posts:

<https://communitylaw.org.nz/community-law-manual/chapter-28-harassment-and-bullying/cyberbullying-protections-against-online-digital-harassment/>

15.15 Have you ever experienced any of these types of sexual harassment?

	Yes	No	Don't know
Unwanted or offensive sexual comments, gestures, or sexual harassment through sexual 'jokes' directed to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted or offensive sexual contact (e.g., another person touching, grabbing, pinching, or brushing up against you in a sexual way)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another type of sexual harassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you are aged 15 or older. If you are 14 years old, please skip to question 16.1.

15.16 *These next questions ask about sexual violence. Some people may find these questions to be sensitive or stressful to answer. If you think these questions might be too upsetting for you, you can choose to skip them.*

Would you like to continue or to skip the sexual violence questions?

<input type="radio"/> I would like to continue	<input type="radio"/> I would like to skip these question >Go to 16.1
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15.17 In your whole life, has anyone forced you, or tried to force you, to have sexual intercourse when you did not want to?

This includes:

- partners, family / whānau members, other people you know, and strangers
- when you were intoxicated, or when you were drugged or sedated
- if this happened in your job.

This question is from the New Zealand Crime and Victims Survey which defines forced sexual intercourse as forced oral sex, or forced penetration of the vagina or anus by any part of the human body, or by any object.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 15.19	<input type="radio"/> Don't know >Go to 15.19
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15.18 In the last 12 months, has anyone forced you, or tried to force you, to have sexual intercourse when you did not want to?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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15.19 Apart from the incidents you've already mentioned in the last question, has anyone forced you, or tried to force you, to perform any other sexual act, when you did not want to?

Again, this includes:

- partners, family / whānau members, other people you know, and strangers
- when you were intoxicated, or when you were drugged or sedated
- if this happened in your job.

	Yes	No	Don't know
Ever, in my whole life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15.20 Apart from the incidents you've already mentioned in the last question, has anyone touched you sexually, or tried to touch you sexually, when you did not want them to?

Again, this includes:

- partners, family / whānau members, other people you know, and strangers
- when you were intoxicated, or when you were drugged or sedated
- if this happened in your job.

	Yes	No	Don't know
Ever, in my whole life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15.21 Apart from the incidents you've already mentioned in the last question, has anyone threatened you face-to-face, to do something to you of a sexual nature, that actually frightened you?

Again, this includes:

- partners, family / whānau members, other people you know, and strangers
- when you were intoxicated, or when you were drugged or sedated
- if this happened in your job.

	Yes	No	Don't know
Ever, in my whole life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for answering these hard questions. Remember you can take a break and come back to finish the survey questions later.

16: Intersectionality

16.1 Do you identify as Indigenous, as a person of colour, or from an ethnic community?

Person of colour refers to someone whose ethnicity is not solely European, who may experience racism in Aotearoa New Zealand due to being Indigenous or from an ethnic community.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 16.8
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Trans and non-binary people's experiences here in Aotearoa New Zealand are related to not only our gender but also how that intersects with other parts of our identity. The questions in this section are for people who identify as takatāpui; MVPFAFF+; or trans or non-binary and as Indigenous, a person of colour or from an ethnic community.

Takatāpui is a Māori term traditionally meaning 'intimate companion of the same sex'. The term has evolved to embrace all Māori who identify with diverse genders, sexualities, and sex characteristics.

MVPFAFF+ is a term created by Phylesha Brown-Acton to encompass some of the many Indigenous Pasifika terms for people of diverse genders including mahu, vakasalewalewa, palopa, fa'afafine, akava'ine, fakaleiti (leiti), and fakafifine.

Person of colour refers to someone whose ethnicity is not solely European, who may experience racism in Aotearoa New Zealand due to being Indigenous or from an ethnic community.

16.2 Please select how much you agree or disagree with each of the following statements about being takatāpui; MVPFAFF+; or trans or non-binary and Indigenous, a person of colour, or from an ethnic community.

If your experiences vary in different contexts, think about how much you agree with each statement overall.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I am proud to have this identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This identity makes me resilient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This identity helps me feel connected to both my cultural identity and my gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This identity makes me feel connected to other people who share both my cultural identity and my gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This identity helps me feel connected to my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This identity makes me feel special and unique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.3 Please select how much you agree or disagree with each of the statements below.

If your experiences vary in different contexts, think about how much you agree with each statement overall.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My culture is not respected by many trans and non-binary people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't be open about my gender identity within my Indigenous and / or ethnic community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel pressured to explain my cultural identity to trans and non-binary people who do not share this identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often I feel unwelcome within my Indigenous or ethnic communities because of my gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In another part of this survey, everyone is asked to think about whether the following things have happened to them because they are trans or non-binary. We also want to know if they have happened to you because of your ethnicity or cultural identity.

16.4 Have any of these types of discrimination ever happened to you because you are Indigenous, a person of colour, or from an ethnic community background?

	Yes	No	Not applicable
I was treated unfairly when using public transport (such as a bus, train, taxi, Uber)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated unfairly when visiting a retail store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated unfairly when visiting a restaurant, hotel, or theatre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied a promotion at a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was given worse pay or conditions than co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.5 *The following question includes a reference to sexual harassment. Some people may find this question to be sensitive or stressful to answer. If you think it might be too upsetting for you, you can choose to skip it.*

Would you like to continue or to skip the sexual harassment question?

<input type="radio"/> I would like to continue	<input type="radio"/> I would like to skip these question > Go to 16.7
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If you would like to talk to someone about sexual harassment you have experienced, you can contact:

Safe to Talk

0800 044 334, text 4334

Phone, text or online chat to someone for confidential advice for sexual harm issues.

OutLine

0800 OUTLINE (0800 688 5463)

An all-ages rainbow mental health organisation providing support to the rainbow community, their friends, whānau, and those questioning. OutLine provides a nationwide, free, and confidential support line and online chat service at outline.org.nz/chat between 6pm and 9pm every evening. They also provide specialist rainbow counselling and an Auckland based trans and non-binary peer support service.

For a full list of places for help, refer to the help page on our website:

<https://countingourselves.nz/support/>

16.6 Have any of these types of prejudice or harassment ever happened to you because you are Indigenous, a person of colour, or from an ethnic community?

	Yes	No	Don't know
Someone told me they don't date or have partners from my cultural background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was sent nasty or threatening messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was sent unwanted sexual messages designed to harm or upset me (such as pornographic pictures, videos, or words)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.7 Is there anything else you would like to tell us about your experiences as someone who identifies as takatāpui; MVPFAFF+; or trans or non-binary and as Indigenous, a person of colour, or from an ethnic community background?

Trans and non-binary people's experiences in Aotearoa New Zealand are related to not only our gender but also how that intersects with other parts of our identity. These questions in this section are for people who identify as trans or non-binary and as Deaf or disabled.

>Please answer the following question if you selected "Yes, I am Deaf" or "Yes, I am disabled or have a disability" in question 1.25 (Deaf or have a disability). If you are not Deaf and you do not have a disability, please skip to question 17.1.

16.8 Each statement below is about your experiences in Aotearoa New Zealand as someone who is trans or non-binary and Deaf or disabled.

Please select how much you agree or disagree with each of the statements below.

If your experiences vary in different contexts, think about how much you agree with each statement overall.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	I have not tried to access any of these
Many rainbow / takatāpui community events or spaces are not accessible to me, as a Deaf or disabled person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.9 Please select how much you agree or disagree with each of the statements below.

If your experiences vary in different contexts, think about how much you agree with each statement overall.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Deaf and disabled people are invisible within many trans and non-binary communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to a Deaf or disabled community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't be open about my gender identity within my Deaf or disabled community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often I feel unwelcome within my Deaf or disabled community because of my gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.10 Please share examples of any barriers that you or others have experienced as Deaf or disabled people trying to access rainbow, takatāpui, or trans and non-binary community events or spaces.

16.11 Is there anything else you would like to tell us about your experiences as a Deaf or disabled person who is trans or non-binary?

17: Cultural Participation

The next 2 questions are about your sense of connection to different communities, including other trans and non-binary people.

17.1 On the scale of 0 to 10, how would you describe your sense of belonging to:

	No sense of belonging					Very strong sense of belonging					
	0	1	2	3	4	5	6	7	8	9	10
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"/>
Trans or non-binary spaces in person	<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"/>
Trans or non-binary spaces online	<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"/>
LGBTIAQ+ / rainbow, takatāpui, and MVPFAFF+ communities	<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"/>

17.2 In the last 4 years, have you been rejected from a group or community that you care about because you are trans or non-binary? For example, this might be a friend group, a religious community, or a community organisation or club, or a support group such as a sober group.

<input type="radio"/> Yes	<input type="radio"/> No
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These next questions are about your sense of connection to your culture or ethnic background.

17.3 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 feel connected to my cultural / ethnic identities or communities when I hear or speak my language	<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 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"/>

>Please answer the following question if you selected “Māori” in question 1.16. Otherwise, please skip to question 17.6.

17.4 Does being connected to any of these things help you feel connected to your culture or ethnic background?

Select all that apply.

<input type="checkbox"/> Kāinga / home	<input type="checkbox"/> Moana / ocean	<input type="checkbox"/> Roto / lake
<input type="checkbox"/> Maunga / mountain	<input type="checkbox"/> Awa / river	<input type="checkbox"/> Māra / garden
<input type="checkbox"/> Whenua / land	<input type="checkbox"/> Tūrangawaewae	<input type="checkbox"/> None of the above
<input type="checkbox"/> Other land, <i>please specify</i> _____		

17.5 Now we are going to ask you about Te Ao Māori (the Māori world):

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	I don't understand
I feel comfortable in Māori social surroundings, events or gatherings (e.g., hui, sports etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable in formal Māori social surroundings, events or gatherings (e.g., tangi, speechmaking or whaikorero, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I hear, understand, learn or speak te reo Māori, it gives me a sense of belonging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to me that others respect and value our status as tangata whenua	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I participate in activities like kapa haka, waka ama, sports, wānanga, and other activities with Māori friends and whānau, I feel a sense of pride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be Māori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Māori values are important to me (things like generosity, kindness, being a good host, manaakitanga, tika, pono and aroha)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe it is important to be kaitiaki to protect our environment for future generations (e.g., keep our sea clean so we can swim and safely collect seafood to eat in the future)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel the presence of my tīpuna or tūpuna (my ancestors and my whānau who have died)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17.6 Is there anything else you would like to share about your sense of belonging or connection to a community or communities? For example, this could include your connection to others from your ethnic background, to other trans and non-binary or LGBTQIA+ / takatāpui people or groups, or people who share other similar life experiences or interests to you.

18: Conversion Practices

You may have heard of 'conversion therapy' or 'conversion practices'. These include when someone tries to stop you being trans or non-binary, by trying to convince you to be cisgender. Conversion practices can also be about trying to make someone who is lesbian, gay, queer, bisexual, or pansexual to identify as straight or heterosexual.

The questions in this section are about whether you have ever experienced conversion practices because someone has tried to change or suppress your: gender identity or gender expression, sexual orientation, or variation of sex characteristics.

Support

If you or someone you know, has experienced conversion practices and would like support, you can contact:

OutLine

0800 OUTLINE (0800 688 5463)

An all-ages rainbow mental health organisation providing support to the rainbow community, their friends, whānau, and those questioning. OutLine provides a nationwide, free, and confidential support line and online chat service at outline.org.nz/chat between 6pm and 9pm every evening. They also provide specialist rainbow counselling and an Auckland based trans and non-binary peer support service.

Lifeline

0800 LIFELINE (0800 543 354) or free text HELP (4357)

For free, confidential support – 24 hours a day, 7 days a week. Whatever the issue, they're here to listen.

Suicide Crisis Helpline

0800 TAUTOKO (0800 828 865)

A free, nationwide service available 24 hours a day, 7 days a week. If you think you, or someone you know, may be thinking about suicide, call the Suicide Crisis Helpline for support.

For a full list of places for help, refer to the help page on our website:

<https://countingourselves.nz/support/>

18.1 These next questions ask about your experience and knowledge of conversion practices. Some people may find these questions to be sensitive or stressful to answer. If you think these questions might be too upsetting for you, you can choose to skip them.

Would you like to continue or to skip the conversion practices questions?

I would like to continue

I would like to skip these question >**Go to 19.1**

18.2 Has anyone ever tried to stop you being trans or non-binary? This could be trying to make you change or suppress your gender identity or also your gender expression (your clothing, hairstyle, or the way you talk or move).

Select all that apply.

Many people try to stop being trans or non-binary because they have been told this means they are bad, evil, or sick. This is not your fault. Trans and non-binary people do not need to be changed or fixed.

<input type="checkbox"/> Yes, someone tried to stop me being trans or non-binary at first, even though they changed their mind later	<input type="checkbox"/> Yes, someone tried to teach me to be something else instead (e.g., more manly, more womanly, or a cisgender gay man or lesbian)
<input type="checkbox"/> Yes, someone tried to get me to pretend that I wasn't trans or non-binary	<input type="checkbox"/> Yes, someone tried to shame or coerce me into gender-conforming behaviour
<input type="checkbox"/> Yes, someone tried to make me believe that my gender identity or expression was a defect that needed to change	<input type="checkbox"/> Yes, someone told me I had to stop being trans or non-binary if I wanted to practise my religion
<input type="checkbox"/> Yes, a health professional told me I was too young to be trans or non-binary	<input type="checkbox"/> Yes, I tried to stop myself being trans or non-binary
<input type="checkbox"/> No >Go to 18.5	<input type="checkbox"/> I'm not sure
<input type="checkbox"/> Yes, someone tried to stop me being trans or non-binary in other ways, <i>please specify</i> _____	

18.3 Which of the following people or groups have ever tried to stop you being trans or non-binary?

Select all that apply.

<input type="checkbox"/> A family member	<input type="checkbox"/> A friend
<input type="checkbox"/> A teacher	<input type="checkbox"/> A GP or nurse practitioner
<input type="checkbox"/> A mental health professional (such as a psychologist, psychiatrist, or counsellor)	<input type="checkbox"/> Other health professionals (such as a nurse, midwife, endocrinologist, or other specialist, or surgeon)
<input type="checkbox"/> A religious or faith-based organisation or person (e.g., a religious leader, chaplain, counsellor, volunteer, or someone else who identifies as religious)	<input type="checkbox"/> I have tried to stop myself from being trans or non-binary
<input type="checkbox"/> None of the above	<input type="checkbox"/> Another person or group, <i>please specify</i> _____

18.4 In the last 4 years, has anyone tried to stop you being trans or non-binary?

Select all that apply.

<input type="checkbox"/> Yes, someone tried to change or suppress my gender identity (to try and make me cisgender)	<input type="checkbox"/> Yes, someone else tried to change my gender expression (my clothing, hairstyle, or the way I talked or moved)
<input type="checkbox"/> Yes, I tried to do this to myself	<input type="checkbox"/> No
<input type="checkbox"/> I'm not sure	

18.5 Has anyone ever tried to change or suppress your sexual orientation? This might include trying to make you change your gender expression (for example, your clothing, hairstyle, or the way you talk or move) so that others would think you were heterosexual / straight.

Select all that apply.

Many people try to stop being lesbian, gay, bisexual, or queer, because they have been told this means they are bad, evil, or sick. This is not your fault. LGBTQ+ people do not need to be changed or fixed.

<input type="checkbox"/> Yes, they tried to make me heterosexual / straight at first, even though they changed their mind later	<input type="checkbox"/> Yes, someone tried to teach me to be something else instead (e.g., to be more 'straight acting')
<input type="checkbox"/> Yes, someone tried to get me to pretend that I was straight	<input type="checkbox"/> Yes, someone tried to shame or coerce me so that I would not be attracted to someone of the same sex
<input type="checkbox"/> Yes, someone tried to make me believe that my sexual orientation was a defect or disorder that needed to change	<input type="checkbox"/> Yes, someone told me that I had to change or suppress my sexual orientation if I wanted to practice my religion
<input type="checkbox"/> Yes, I have tried to change or suppress my sexual orientation	<input type="checkbox"/> No > Go to 18.7
<input type="checkbox"/> I'm not sure	<input type="checkbox"/> Yes, someone tried to change or suppress my sexual orientation in other ways, <i>please specify</i> _____

18.6 Which of the following people or groups have ever tried to change or suppress your sexual orientation?

Select all that apply.

<input type="checkbox"/> A family member	<input type="checkbox"/> A friend
<input type="checkbox"/> A teacher	<input type="checkbox"/> A GP or nurse practitioner
<input type="checkbox"/> A mental health professional (such as a psychologist, psychiatrist, or counsellor)	<input type="checkbox"/> Other health professionals (such as a nurse, midwife, endocrinologist, or other specialist, or surgeon)
<input type="checkbox"/> A religious or faith-based organisation or person (e.g., a religious leader, chaplain, counsellor, volunteer, or someone else who identifies as religious)	<input type="checkbox"/> I have tried to make myself be heterosexual / straight or change my gender expression
<input type="checkbox"/> None of the above	<input type="checkbox"/> Another person or group, <i>please specify</i> _____

The next 2 questions are about conversion practices that intersex people may have experienced because of their variations of sex characteristics.

>Please answer the following question if you selected “Yes” in question 1.8 (do you have an intersex variation). If you are not intersex, please skip to 18.9.

18.7 Has anyone ever tried to make you change or suppress your variation of sex characteristics (or intersex variation)?

Select all that apply.

Some intersex people feel pressured or forced to change their body because they have been told this is medically necessary. This is very rarely true, and those diagnoses are based on social stigma and discrimination, not on medical need. Intersex people’s variations of sex characteristics do not need to be changed or fixed. Supportive healthcare may be required to assist in aspects of the health and wellbeing of some people with intersex variations.

<input type="checkbox"/> Yes, someone tried to make me or my family believe that my variation of sex characteristics was a defect that needed to be changed	<input type="checkbox"/> Yes, someone tried to shame or coerce me or my family to change or suppress my variation of sex characteristics
<input type="checkbox"/> Yes, someone advised me or my family to take steps to change or suppress my variation of sex characteristics	<input type="checkbox"/> Yes, I had medical or surgical steps to change or suppress my variation of sex characteristics, when I was too young to give consent
<input type="checkbox"/> I have tried to change or suppress my variation of sex characteristics	<input type="checkbox"/> No >Go to 18.9
<input type="checkbox"/> I'm not sure	<input type="checkbox"/> Yes, someone tried to change or suppress my variation of sex characteristics in other ways, <i>please specify</i> _____

18.8 Which of the following people or groups have ever tried to change or suppress your variation of sex characteristics?

Select all that apply.

<input type="checkbox"/> A GP or nurse practitioner	<input type="checkbox"/> A mental health professional (such as a psychologist, psychiatrist, or counsellor)
<input type="checkbox"/> A family member	<input type="checkbox"/> A friend
<input type="checkbox"/> A teacher	<input type="checkbox"/> An endocrinologist, surgeon, gynaecologist, paediatrician or other specialist
<input type="checkbox"/> Other health professionals (such as a nurse or midwife)	<input type="checkbox"/> A religious or faith-based person or organization (e.g., a religious leader, chaplain, counsellor, volunteer, or someone else who identifies as religious)
<input type="checkbox"/> I have tried to change or suppress my variation of sex characteristics	<input type="checkbox"/> None of the above
<input type="checkbox"/> Another person or group, <i>please specify</i> _____	

The following questions refer to the types of conversion practices that are banned in Aotearoa New Zealand. That law does not refer to variations of sex characteristics.

>Please answer the following question if you selected any of the “Yes” or “I’m not sure” statements for question 18.2, 18.5, or 18.7. Otherwise, please skip to question 18.10.

18.9 How would you describe your experience with conversion practices that try to change or suppress your gender identity, gender expression or sexual orientation?

Select all that apply.

<input type="checkbox"/> I am currently experiencing a conversion practice
<input type="checkbox"/> I experienced a conversion practice in the last 4 years
<input type="checkbox"/> I experienced a conversion practice more than 4 years ago
<input type="checkbox"/> I think that I have experienced a conversion practice, but I’m not sure
<input type="checkbox"/> Another experience not mentioned above, <i>please specify</i> _____

18.10 How would you describe your knowledge of conversion practices that try to change or suppress gender identity, gender expression, or sexual orientation?

Select all that apply.

<input type="checkbox"/> I know someone who is currently experiencing a conversion practice in Aotearoa New Zealand
<input type="checkbox"/> I know specific health professionals in Aotearoa New Zealand who try to change a person's gender identity, gender expression, or sexual orientation
<input type="checkbox"/> I know specific religious organisations or individuals in Aotearoa New Zealand that try to change a person's gender identity, gender expression, or sexual orientation
<input type="checkbox"/> I am aware that conversion practices happen in Aotearoa New Zealand, but I don't know any specific person or organisation that does this
<input type="checkbox"/> I did not know that conversion practices happen in Aotearoa New Zealand

>Please answer the following question if you selected “I am currently experiencing a conversion practice”; “I experienced a conversion practice in the last 4 years”; “I experienced a conversion practice more than 4 years ago”; or “I think I have experienced a conversion practice, but I’m not sure” in question 18.9. Otherwise, please skip to question 19.1.

18.11 How old were you when someone first tried to change or suppress your gender identity, gender expression, or sexual orientation? Please use your best guess if you don't remember exactly how old you were.

<input type="radio"/> Age _____	<input type="radio"/> I don't know
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18.12 What has been the impact on you of experiencing conversion practices, including at the time and since then?

18.13 What support did you (or do you) need because of your experiences of conversion practices?
 Select all that apply.

	I needed this when it happened	I needed it after this happened	I need this now	I did not need this
Information about the harm of conversion practices including who I could complain to about what has happened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from others who have experienced conversion practices in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to accept my gender identity, gender expression, or sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for my family to accept my gender identity, gender expression, or sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources on Indigenous, pre-colonial, or other traditional views that accept takatāpui, MVPFAFF+, and / or other rainbow people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere I could practise my religion or faith where trans, non-binary, and other rainbow people were accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources for ethnic communities about the harm of conversion practices and about supporting trans, non-binary, and other rainbow people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, in languages other than English, about the harm of conversion practices and support available for those experiencing it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other forms of support, <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

>Please answer the following question if you selected “I needed this when it happened” or “I need this now” for any of the statements in question 18.13. Otherwise, please skip to question.

18.14 What support did you (or do you) receive because of your experiences of conversion practices?

Select all that apply.

	I received this when it happened	I needed this after it happened	I am receiving this now	I did not receive this
Information about the harm of conversion practices including who I could complain to about what has happened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from others who have experienced conversion practices in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to accept my gender identity, gender expression, or sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for my family to accept my gender identity, gender expression, or sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources on Indigenous, pre-colonial, or other traditional views that accept takatāpui, MVPFAFF+, and / or other rainbow people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere I could practise my religion or faith where trans, non-binary, and other rainbow people were accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources for ethnic communities about the harm of conversion practices and about supporting trans, non-binary, and other rainbow people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, in languages other than English, about the harm of conversion practices and support available for those experiencing it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other forms of support, <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

>Please answer the following question if you selected “I am currently experiencing a conversion practice”; “I experienced a conversion practice in the last 4 years”; “I experienced a conversion practice more than 4 years ago”; or “I think that I have experienced a conversion practice, but I’m not sure” in question 18.9. Otherwise, please skip to question 19.1.

18.15 Is there anything else you want to tell us about the support you needed or received because you experienced conversion practices?

19: COVID-19

This section of the survey is about your experiences since February 2020 due to COVID-19.

19.1 Have you received a COVID-19 vaccine?

<input type="radio"/> Yes - 1 dose	<input type="radio"/> Yes - 2 doses
<input type="radio"/> Yes - more than 2 doses	<input type="radio"/> No >Go to 19.3
<input type="radio"/> Don't know >Go to 19.3	

19.2 What, if anything, made it hard for you to get a COVID-19 vaccine?

Select all that apply.

<input type="checkbox"/> Nothing; it wasn't hard	<input type="checkbox"/> The vaccination site was too far away, or I didn't have transport
<input type="checkbox"/> The time available were inconvenient	<input type="checkbox"/> The booking system was hard to use, or I couldn't access it
<input type="checkbox"/> Getting time off work for my vaccination	<input type="checkbox"/> I was worried the vaccine might interact badly with my gender affirming healthcare (e.g., hormones, surgery)
<input type="checkbox"/> The booking system might not use my correct name or gender	<input type="checkbox"/> Health care workers may not treat me respectfully because I am trans or non-binary
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other reason, <i>please specify</i> _____

19.3 Have you received the annual flu vaccine in 2022? *You may also know this as a 'flu jab'.*

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
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19.4 During the COVID-19 pandemic (since February 2020), has your financial situation been affected for any of these reasons?

Select all that apply.

<input type="checkbox"/> I worked for someone else and lost my job due to the pandemic	<input type="checkbox"/> I work for someone else, and my permanent hours were cut due to the pandemic
<input type="checkbox"/> I work for someone else, and my casual hours were cut due to the pandemic	<input type="checkbox"/> I work for someone else, and my pay rate or salary was cut due to the pandemic
<input type="checkbox"/> I worked for myself and had to close my business due to the pandemic	<input type="checkbox"/> I work for myself and got less work due to the pandemic
<input type="checkbox"/> I work for myself and was paid a lower rate for some or all of my work due to the pandemic	<input type="checkbox"/> I had to leave my job for health reasons due to the pandemic
<input type="checkbox"/> I had to leave my job because I am not vaccinated	<input type="checkbox"/> I had to leave school earlier than I had expected, to get work to support myself or my family
<input type="checkbox"/> None of the above	
<input type="checkbox"/> My income dropped for another reason, <i>please specify</i> _____	

19.5 Was there a time when you needed to seek COVID-19 vaccination, testing, diagnosis, or treatment 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
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19.6 Did you delay or not receive any of the following types of healthcare because of the COVID-19 pandemic?

Select all that apply.

<input type="checkbox"/> Gender affirming hormones	<input type="checkbox"/> Gender affirming surgeries
<input type="checkbox"/> Hair removal (electrolysis or laser treatment)	<input type="checkbox"/> Counselling or mental health support
<input type="checkbox"/> HIV-related health care	<input type="checkbox"/> Routine healthcare (e.g., a medical checkup, flu shot, diabetes test, etc.)
<input type="checkbox"/> None of the above	<input type="checkbox"/> Other healthcare, <i>please specify</i> _____

19.7 How do you feel the COVID-19 pandemic affected your mental health? The COVID-19 pandemic has overall made my mental health...

Much better	A bit better	About the same	A bit worse	Much worse	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19.8 These situations are about your living situation during the COVID-19 pandemic. Did you have any of these experiences because you are trans or non-binary?

Select all that apply.

During the pandemic...

<input type="checkbox"/> I had to live with a household member who did not support me being trans or non-binary	<input type="checkbox"/> I had to live with a household member who made me feel unsafe or afraid as a trans or non-binary person
<input type="checkbox"/> I had to hide that I was trans or non-binary	<input type="checkbox"/> I lived alone and felt isolated
<input type="checkbox"/> I felt supported as a trans and non-binary person in all my living situations	<input type="checkbox"/> I felt safe as a trans and non-binary person in all my living situations
<input type="checkbox"/> None of these	

19.9 Are there any other negative or positive impacts of the COVID-19 pandemic on you or your family that you would like to share? For example, could you access the support that you needed?

Please write them below.

20: Spiritual Health

20.1 What is your religion?

Select all that apply.

<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Jewish	<input type="checkbox"/> No religion
<input type="checkbox"/> Other religion, <i>please specify</i> _____	

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.

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

<input type="radio"/> Very important	<input type="radio"/> Somewhat important	<input type="radio"/> Not important
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20.3 Are you currently a member of a spiritual or religious community?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 20.5
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20.4 Do people at your church, mosque, or temple respect you?

<input type="radio"/> Not at all	<input type="radio"/> A little	<input type="radio"/> Some	<input type="radio"/> A lot
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20.5 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 >Go to 20.7	<input type="radio"/> My spiritual or religious community is or was not aware that I am trans or non-binary, so this does not apply to me >Go to 20.7
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20.6 In the last 12 months, have you 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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>Please answer the following question if you selected “Yes” or “No” in question 20.5.

Otherwise, please skip to question 20.9.

20.7 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 >Go to 20.9
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20.8 In the last 12 months, have you 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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20.9 Now we would like to ask some questions about your spiritual relationships to people, places, and the environment.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I believe it is important to protect our environment for future generations (e.g., land, river, and sea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong spiritual connection to certain places (e.g., my church / mosque / shrine, or places such as mountains, the bush, the sea, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel a spiritual connection to people (e.g., friends, family, church members)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21: Whānau and Family

21.1 Where 0 means extremely badly and 10 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.

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

21.2 On average, how supportive of you being trans or non-binary are the family you grew up with?

None of them know that I am trans or non-binary >Go to 21.6	All of my family are supportive	Most of my family are supportive	About half of my family are supportive	Most of my family are <u>unsupportive</u>	All of my family are <u>unsupportive</u>	I have no people like this in my life, so this does not apply to me >Go to 21.6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.3 Did any of your family members who you grew up with ever do these things to you because you are trans or non-binary?

Select all that apply.

<input type="checkbox"/> Stopped speaking to me for a long time or ended our relationship	<input type="checkbox"/> Insulted, mocked, or put me down
<input type="checkbox"/> Excluded me from family events	<input type="checkbox"/> Were violent towards me
<input type="checkbox"/> Kicked me out of the house	<input type="checkbox"/> Did not allow me to wear the clothes that matched my gender
<input type="checkbox"/> Ignored me	<input type="checkbox"/> Made comments about me of a sexual nature
<input type="checkbox"/> I did not grow up with a family >Go to 21.6	<input type="checkbox"/> None of the above >Go to 21.5

21.4 In the last 4 years, did any of your family members who you grew up with do these things to you because you are trans or non-binary?

Select all that apply.

<input type="checkbox"/> Stopped speaking to me for a long time or ended our relationship	<input type="checkbox"/> Insulted, mocked, or put me down
<input type="checkbox"/> Excluded me from family events	<input type="checkbox"/> Were violent towards me
<input type="checkbox"/> Kicked me out of the house	<input type="checkbox"/> Did not allow me to wear the clothes that matched my gender
<input type="checkbox"/> Ignored me	<input type="checkbox"/> Made comments about me of a sexual nature
<input type="checkbox"/> None of the above	

21.5 Did any of your family members you grew up with do these things to support you?

Select 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 my 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"/> None of the above

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

<input type="radio"/> Yes	<input type="radio"/> No >Go to 21.8
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21.7 How much do you feel your friends care about you?

Not at all	Some	A lot	I don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Very easy	Easy	Sometimes easy, sometimes hard	Hard	Very hard	I would not ask to stay with anyone
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.9 Do you currently live with a pet or companion animal, e.g., a dog, cat, bird, fish?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 21.11
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21.10 Do you consider your pet to be a member of your family?

<input type="radio"/> Yes	<input type="radio"/> No
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21.11 Have you ever had a romantic, dating, or sexual partner?

<input type="radio"/> Yes	<input type="radio"/> No >Go to 21.14
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21.12 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	Not applicable
Threatened to 'out' me / disclose that I am trans or non-binary to others without my consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided introducing me to friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectified my body (seeing me only as an object and not a person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done things to me sexually that I did not want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately used a past name or pronoun I've said I don't use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped me from telling others I am trans or non-binary, or threatened to leave me if I am 'out'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told me they don't date or have partners who are trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticised, questioned, or tried to shame me about my gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interfered with my gender affirming medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stood up to people who put me down because I am trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped pay for things that are important to my identity as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped me with my gender affirming care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told others to use my correct name or pronouns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced contact with people who were not supportive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>Please answer the following question if you selected “Yes” for any of the statements listed in question 21.12. Otherwise, please skip to question 21.14.

21.13 In the last 12 months, has a partner ever done any of the following things to you?

	Yes	No	Not applicable
Threatened to 'out' me / disclose that I am trans or non-binary to others without my consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided introducing me to friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objectified my body (seeing me only as an object and not a person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done things to me sexually that I did not want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberately used a past name or pronoun I've said I don't use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped me from telling others I am trans or non-binary, or threatened to leave me if I am 'out'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told me they don't date or have partners who are trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticised, questioned, or tried to shame me about my gender expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interfered with my gender affirming medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stood up to people who put me down because I am trans or non-binary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped pay for things that are important to my identity as a trans or non-binary person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped me with my gender affirming care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told others to use my correct name or pronouns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced contact with people who were not supportive of my gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.14 Thinking about your partner(s), ex-partner(s), and other family or whānau members: In the last 12 months, how often have you experienced the following because of how they behaved, or how you thought they might react?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Not applicable
Changed my routine, behaviour, or appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were unable to contact family, whānau, or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt ashamed or bad about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worried about your own safety or wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worried about the safety of your child or dependents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worried about the safety of a pet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feared damage to your reputation, or the reputation of your family or whānau	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.15 Is there anything else you would like to share with us about your interactions with friends, whānau, and family members?

22: Legal Gender Recognition

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

22.1 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
New Zealand birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An overseas 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"/>
New Zealand driver licence	<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"/>
New Zealand 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"/>

>Please answer the following question if you selected “The incorrect gender is listed” for any of the identity documents listed in 22.1 Otherwise, please skip to question 22.3.

22.2 You said that the gender listed on your some of your documents is incorrect. What are the reasons for this?

Select all that apply.

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

>Please answer the following question if you were not born in Aotearoa New Zealand. If you were born in Aotearoa New Zealand, please skip to question 22.5.

22.3 As someone born overseas, do you have any official documents that were issued by an NZ government agency? Examples might be a passport, driver licence, citizenship certificate, certificate of identity, or refugee travel document.

<input type="radio"/> Yes	<input type="radio"/> No >Go to 22.5
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22.4 Do any of your official New Zealand documents have the following correct details on them?
Select all that apply.

	Correct details		If yes, please specify which documents
	Yes	No	
Your correct name, gender, and photo	<input type="radio"/>	<input type="radio"/>	
Your correct name and gender (but no photo)	<input type="radio"/>	<input type="radio"/>	
Just your correct name and photo	<input type="radio"/>	<input type="radio"/>	
Just your correct gender and photo	<input type="radio"/>	<input type="radio"/>	

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

23: Study and Qualifications

23.1 Qualifications and Tertiary Study What is your highest completed qualification?

<input type="radio"/> None
<input type="radio"/> Level 1 Certificate
<input type="radio"/> Level 2 Certificate
<input type="radio"/> Level 3 Certificate (including School Certificate)
<input type="radio"/> Level 4 Certificate (including Sixth Form Certificate)
<input type="radio"/> Trade Certificate
<input type="radio"/> Level 5 Diploma (including University Entrance / Bursary)
<input type="radio"/> Level 6 Diploma
<input type="radio"/> Bachelor's Degree or Level 7 qualification
<input type="radio"/> Bachelor's Honours Degree or Postgraduate Certificate / Diploma
<input type="radio"/> Master's Degree
<input type="radio"/> Doctoral Degree
<input type="radio"/> Other qualification, <i>please specify</i> _____

23.2 Do you currently attend any of the following?

<input type="checkbox"/> University	<input type="checkbox"/> Polytechnic
<input type="checkbox"/> Whare wānanga	<input type="checkbox"/> No, I am not currently studying >Go to 24.1
<input type="checkbox"/> Another tertiary education provider. <i>Please describe</i> _____	

23.3 In general, how supportive would you say your current place of study is for trans or non-binary students?

Very supportive	Supportive	Sometimes supportive, sometimes not supportive	Not supportive	Not at all supportive	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23.4 Overall, do you agree that trans and non-binary people, history, and topics have been represented appropriately or fairly in your current course content?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strong disagree	Don't know	This does not apply (I have not been taught about this)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24: Resilience

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 – whatever terms you use to describe your gender diversity. These include culturally specific terms such as whakawahine, tāhine, tangata ira tāne, takatāpui, fa'afafine, fa'atama, fakaleiti or leiti, fakafifine, akava'ine, aikāne, vakasalewalewa, two-spirit, hijra, or any others. You might also identify as simply a woman or a man.

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

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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"/>
Being trans or non-binary is a gift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am like other people, but I am also special because 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"/>

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

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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"/>

24.3 Is there anything else you would like to share about how you feel about being trans or non-binary (e.g., something you love)?

24.4 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 agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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 tried to make things better for other trans and non-binary people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24.5 How do you socialise with other trans or non-binary people?

Select all that apply.

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

25: Sport and Physical Activity

25.1 Now thinking about sport and active recreation. In the last 4 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 4 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"/>
Any dance or movement classes, such as kapa haka, yoga, or ballet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25.2 Has being trans or non-binary affected your ability to exercise or participate in recreational sport in any of these ways?

Select all that apply.

<input type="checkbox"/> I have avoided exercise or recreational sport because I was worried about how teammates would treat me as a trans or non-binary person	<input type="checkbox"/> I have avoided exercise or recreational sport because I was worried about how opponents, spectators, or referees would treat me as a trans or non-binary person
<input type="checkbox"/> I have avoided gender-segregated exercise or recreational sport because I did not know if trans or non-binary people were welcome	<input type="checkbox"/> I have avoided exercise or recreational sport because of concerns about accessing a bathroom or changing room
<input type="checkbox"/> I have felt unsafe or unwelcome as a trans or non-binary person when exercising or playing recreational sport	<input type="checkbox"/> I have had no problems exercising or playing recreational sport as a trans or non-binary person
<input type="checkbox"/> Exercise or recreational sport has been a positive way for me to be 'in my body' and express my gender	<input type="checkbox"/> I have avoided exercise or recreational sport because there was not a category I was comfortable participating in as a non-binary person
<input type="checkbox"/> I would be more likely to participate in exercise or recreational sport if gender was not an issue	<input type="checkbox"/> People do not know I am trans or non-binary when I participate in exercise or recreational sport and I choose not to tell them
<input type="checkbox"/> I do not participate in recreational sport	
<input type="checkbox"/> Other experiences not listed above. <i>Please specify</i> _____	

25.3 Has being trans or non-binary affected your ability to participate in competitive sport in Aotearoa New Zealand?

Select all that apply.

<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 had to play competitive sport based on my sex assigned at birth
<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"/> Yes, I have not participated in competitive sport because there was not a category I was comfortable competing in as a non-binary person
<input type="checkbox"/> No, I have had no problems playing competitive sport as a trans or non-binary person	<input type="checkbox"/> No, I do not want to or I have not tried to participate in competitive sport
<input type="checkbox"/> Other experiences, <i>please specify</i> _____	

25.4 Thinking about the sports or active recreational activities you have participated in, what has made you feel included as a trans or non-binary person?

Select all that apply.

<input type="checkbox"/> I can be myself around other participants	<input type="checkbox"/> I know other trans or non-binary people also participate
<input type="checkbox"/> I know information about this sport or activity is inclusive of trans and non-binary people	<input type="checkbox"/> I can participate under my correct name and gender, in the gender category that best matches my identity
<input type="checkbox"/> I know there is a policy or procedure to support trans and non-binary people's inclusion	<input type="checkbox"/> I know if anyone questions my participation, there is someone I can contact for support
<input type="checkbox"/> I chose a solo sport or activity so I wasn't affected by other people's attitudes to trans and non-binary people	<input type="checkbox"/> No-one knows I am trans or non-binary
<input type="checkbox"/> I don't feel included as a trans or non-binary person	<input type="checkbox"/> I have never participated in sports or active recreational activities
<input type="checkbox"/> I feel included in other ways, <i>please specify</i> _____	

26: Ending

Thank You! You have reached the final section!

26.1 Are there additional questions that you would like us to ask trans or non-binary people in future studies? If so, please specify.

26.2 How did you hear about this survey?

Select all that apply.

<input type="checkbox"/> Email from an organisation (including listserv, e-newsletter)	<input type="checkbox"/> Social networking site (such as Facebook)
<input type="checkbox"/> Organisation website	<input type="checkbox"/> I was told about it in person (at an organisation, event, or support group)
<input type="checkbox"/> Flyer or print advertisement	<input type="checkbox"/> Word of mouth (e-mail from a friend, a friend told me about it)
<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>	
<hr/>	

26.3 The next questions will ask you about your experience of the survey process.

Please rate the following on a scale of 1–5, where 1 is absolutely not acceptable and 5 is highly acceptable.

	1	2	3	4	5
Survey length	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complexity of questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusiveness of questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26.4 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 2022 Counting Ourselves survey.

Please return your completed survey to the Counting Ourselves team for us to anonymously enter your data into our survey software.

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/CountingOurselves/>,
or you can sign up to the mailing list on our website.

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**). Or, a full list of services are available on our website: <https://countingourselves.nz/support/>

If you would like to contact the project team we can be contacted at kiaora@countingourselves.nz.

Many thanks,

Jaimie, Jack, Ashe, Kyle, Ryan, Sofia, Harry, Taine and all the Counting Ourselves team