

Our Health

Start of Block: Eligibility

E0.1

Welcome to the Our Health: Canada-Wide 2SLGBTQQIA+ Community Study!

Si vous préférez compléter le sondage en français, appuyez sur le bouton de langue en haut à droite.

Si prefiere completar la encuesta en español, presione el botón de idioma en la parte superior derecha.

Are you eligible?

You are eligible to participate if you are a member of 2SLGBTQQIA+ communities, live in Canada, and are 15 years of age or older. In order to participate in the Dried Blood Spot (DBS) component, testing for COVID-19 antibodies, you must be 18 years of age or older. We ask the following questions to ensure that you are eligible to participate in this study. As such, you will be required to respond to each question.

E1 Do you currently live in...?

- Alberta (1)
 - British Columbia (2)
 - Manitoba (3)
 - New Brunswick (4)
 - Newfoundland & Labrador (5)
 - Northwest Territories (6)
 - Nova Scotia (7)
 - Nunavut (8)
 - Ontario (9)
 - Prince Edward Island (10)
 - Quebec (11)
 - Saskatchewan (12)
 - Yukon (13)
 - I don't live in Canada (14)
-

E2 How old are you right now? (in years)

E3 Do you identify as Indigenous? We ask this to provide Indigenous people the opportunity to share if they are Two-Spirit, and other relevant questions specific to being Indigenous.

- Yes (1)
- No (2)
- I prefer not to answer this question (3)

E4 Are you Two-Spirit?

- I am Two-Spirit (1)
 - I am not Two-Spirit (2)
 - I prefer not to answer this question (3)
-

E0.2 The next **four** questions are about sex and gender. We recognize that identities and labels are important parts of our lives and how we think about ourselves. We also recognize that people use different terms to define their sex and gender. We ask these questions to compare with other data collected nationally and globally. We apologize if these response options may not be a perfect fit for you.

E6 Do you identify as trans?

- Yes (1)
 - No (2)
-

E5 What is your gender identity? If you have lived experience as trans, a history of gender transition, or are transgender, please select the gender(s) you identify as. Please select the option(s) that fit best at this time. The options are listed in alphabetical order.

- Agender (1)
 - Genderfluid (2)
 - Genderqueer (3)
 - Man (4)
 - Non-binary (5)
 - Trans man (6)
 - Trans woman (7)
 - Woman (8)
 - I prefer to self-describe as (9)
-

E7 What was your sex assigned at birth? We acknowledge that questions about one's assigned sex, in particular, may result in uncomfortable feelings or memories.

- Female (1)
 - Male (2)
 - I prefer not to answer this question. (3)
-

E8 Are you an intersex person? Intersex is a term for people born with a variation of sex characteristics. There are many different intersex traits or variations.

- Yes (1)
 - No (2)
 - Unsure (3)
 - I prefer not to answer this question. (4)
-

E9 How do you identify your sexual orientation? Select all that apply

- Asexual (1)
 - Bisexual (2)
 - Gay (3)
 - Heteroflexible (4)
 - Homoflexible (5)
 - Lesbian (6)
 - Pansexual (7)
 - Queer (8)
 - Questioning (9)
 - Straight (10)
 - I prefer to self-describe as: (11)
-

End of Block: Eligibility

Start of Block: Ineligible

Ineligible Thank you for your interest in the Canada-Wide 2SLGBTQQIA+ Community Study!

Based on your answers above, you don't seem to fit the eligibility criteria for this study, however, we greatly appreciate your time! If you have questions about eligibility, please contact CBRC (ourhealth@cbrc.net).

End of Block: Ineligible

Start of Block: Consent

Q220 Welcome to the Our Health: Canada-Wide 2SLGBTQQIA+ Community Study!

If you would prefer to review an audio version of this consent form, please click [here](#).

Si vous préférez compléter le sondage en français, appuyez sur le bouton de langue en haut à droite.

Si prefiere completar la encuesta en español, presione el botón de idioma en la parte superior derecha.

On this page, you will find more information about this project and answers to some common questions. Everyone who participates will complete an online survey. Those who complete the survey have the option to receive a mail-home blood test for COVID-19 antibodies, HIV, hepatitis C, and syphilis.

What is the point of this study (and why should I care)?

We want to know more about how the COVID-19 pandemic impacts Two-Spirit, Indigiqueer, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, and other sexually and gender diverse people (2SLGBTQQIA+) in Canada. We know that COVID-19 has been a challenging period for many people within our communities, and we want to know more about your everyday life during this time. Topics include your mental health, access to health services, economic and housing impacts, chronic health (including feasibility of specimen collection for a future chronic health study), sexual and reproductive health, experiences of violence and discrimination, community connection, and coping strategies and creative solutions. The experiences you share will allow us to better understand the services and supports (such as mental health or housing) most needed by 2SLGBTQQIA+ people.

Your contributions will also help us understand different experiences during the pandemic based on sexual orientation, gender identity and/or expression, Indigenous and ethnoracial identity, socioeconomic status, age, disability, immigration status, chronic health status, and geographic location. Conducting a Canada-wide 2SLGBTQQIA+ survey right now will offer a broad portrait of our communities during this challenging time. We will use this information to tell

politicians, policy makers, and service providers about the needs of our communities. We will also share our findings with local and regional 2SLGBTQQIA+ community organizations to help them advocate for and serve our communities.

There is also an optional testing component of the study that you can participate in, where you will be able to find out if you have ever had COVID-19 (by measuring antibodies, the immune system's response to the infection). You can also choose to screen for HIV, hepatitis C, and/or syphilis if you would like.

Who's contributing to this project?

Our Canada-wide team is made up of 2SLGBTQQIA+ community members, and is led by Dr. Nathan Lachowsky (a gay, white, cisgender man) who is an Associate Professor at the University of Victoria and Research Director for the Community-Based Research Centre (nlachowsky@uvic.ca, 250-472-5739). We work closely with 2SLGBTQQIA+ community organizations across the country, including the Community-Based Research Centre (<https://www.cbrc.net/>), Egale (<https://egale.ca/>), the Enchanté Network (<https://enchantenetwork.ca/en/>), and 2 Spirits in Motion (<https://2spiritsinmotion.com/>). Our study team includes 2SLGBTQQIA+ researchers and policymakers from universities and agencies across Canada. We also work closely with diverse 2SLGBTQQIA+ community advisors with a variety of identities and life experiences. You can read more about us here (https://www.cbrc.net/our_health_study_team).

We received research funding from Canada's COVID-19 Immunity Task Force, which is titled: "The COVID-19 Pandemic Among Sexual and Gender Marginalized Populations in Canada: Physical Distancing Impacts, SARS-CoV-2 Seroprevalence, and Health and Wellness Needs." The chronic health components of this study were supported by financial contribution from the Public Health Agency of Canada.

What will I be asked to do?

We will ask you to complete a confidential online survey on your computer, tablet, or phone. The online survey will take about **30-60 minutes** to complete. If you leave the survey to take a break and return to it later using the same device and within two days, you will be able to continue from where you stopped previously. You will be asked if you want to participate in the mail-home COVID-19 testing portion of the study later on in the survey.

Are there any risks involved in the survey?

We know that answering personal questions (such as those about substance use, discrimination, sexual abuse or barriers to accessing care or support) can be difficult and may upset or distress you. We also know that the COVID-19 pandemic has been very challenging for many people in our communities and that answering questions about these experiences may be troubling. We will tell you ahead of time that these kinds of questions are next. It is important to remember that all questions are optional and can be skipped at any time. If needed, here is a list of 2SLGBTQQIA+ support resources which you can access:

https://www.cbrc.net/our_health_resources_and_support. This includes a number of 24/7 crisis

lines that can be reached at any time and who have been notified about this study.

What are my rights?

This study is completely voluntary. Your responses will remain confidential and you may choose to participate in the survey without providing your name. You don't have to answer any questions you don't want to answer. You can also stop at any time and will not be penalized. If your responses are not linked to your name, we cannot remove any responses if you decide to stop doing the survey. If you do provide your name, you can request to have your data removed at any time up until 6 months after the study ends, at which time we will permanently delete all identifiers (names, contact information) from the dataset.

What are the benefits?

We will use the information you provide to advocate for the improved programs, services and policies to advance the health and well-being of 2SLGBTQQIA+ communities in Canada during and after COVID-19. For example, we will advocate for more accessible and affirming mental health services. We will report findings specific to communities who are often under-represented in national 2SLGBTQQIA+ research, including Indigenous and Two-Spirit people; Black people; trans and non-binary people; disabled people; people living with chronic health conditions; youths; older adults and seniors; people living in rural or remote areas; and refugees and newcomers. You'll also get to access findings from the study online for free through the www.cbrc.net/ website later this year.

Is there any compensation for participating?

If you complete the survey, you will be provided with a \$10 honorarium as a thank-you for your time. Honoraria will be provided by e-transfer or cheque. You will be asked to provide contact information to send you your honorarium. This contact information will only be used to contact you for the purposes of providing your honorarium. Additionally, if you provide a blood sample to test for COVID-19 antibodies (and optionally HIV, hepatitis C, and/or syphilis) as described later in the survey, you will receive an additional \$20. Honoraria will be processed within 30 business days (approximately 6 weeks). E-transfers by email will be sent from Community-Based Research Centre through the accounting software Plooto, e-transfers by text will be sent from Nathan Lachowsky, and cheques will be sent from the University of Victoria. You can read Plooto's privacy policy here: <https://www.plooto.com/privacy-policy>. Please note that this survey uses several bot detection tools, including reCAPTCHA and IP address screening, to detect and remove fraudulent or duplicate responses. If your response is flagged as suspicious, we will not issue an honorarium.

How will my personal information be protected?

Since data for this study is being collected online, there is a risk of a privacy breach where online data could be unintentionally accessed by someone outside of our research team. We are taking precautions to minimize this risk. The information you provide in the survey and the results of your HIV self-test will be treated according to privacy laws including the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). All data will be stored on encrypted Qualtrics during data collection, then removed and only stored on University of

Victoria servers in Canada that will only be accessed by people on our research team who have signed a confidentiality agreement and undergone privacy training. The Qualtrics license being used for this study is a personal license owned by Dr. Lachowsky. For honoraria, only the name and contact information you provide will be shared with financial institutions; no other personal information will be shared. No data will be stored on servers in the United States, with the exception of the information provided to Plooto, which may be stored on servers in the United States. Upon study completion and prior to sharing data with anyone else, all data will be fully anonymized to further protect your personal information.

Who are you sharing data and findings with?

Your survey and lab data may be shared with other researchers who are interested in the health and wellbeing of 2SLGBTQQIA+ communities, including researchers outside of Canada. However, you will not be identifiable within this data. **We will never share your name or contact information, if you provide it to us.**

We will share our findings with academic, government, and community groups, but you will not be identified in these results. Researchers will at all times comply with the [Tri-Council ethical guidelines](#) for research with human participants.

We will share anonymized (i.e., no personal identifiers) data with the Canadian COVID-19 Immunity Task Force (CITF) who will store the data in a separate CITF database indefinitely for future research on COVID-19 and related outcomes. We will share some of your individual survey data (e.g., health condition, social distancing practices, demographic information, behaviour, living conditions, and travel habits) and your lab data (COVID-19 antibody status) if you provide a blood sample; however, your blood sample will not be shared with the CITF. We will only share data associated with the following questions: <https://www.covid19immunitytaskforce.ca/covid-19-immunity-task-force-releases-standardized-core-survey-data-elements/>. All data will be shared through secure and encrypted servers or cloud services. Other researchers and the CITF will have no way of knowing who you are. Study data shared may be used for commercial or non-commercial research purposes. Anonymized aggregate data (i.e., no personal identifiers or responses) will also be shared with the Public Health Agency of Canada.

Who can I contact if I have any questions about the study?

If you have any questions or need more information about the study, please contact our study team at the Community-Based Research Centre toll-free at [1-844-900-2279](tel:1-844-900-2279) or by email at ourhealth@cbrc.net.

Who can I contact if I have a concern about my rights as a participant?

This research has been reviewed by the University of Victoria's Research Ethics Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria ([250-472-4545](tel:250-472-4545) or ethics@uvic.ca).

Q221 Do you acknowledge and agree to the conditions outlined above?

Yes (1)

No (2)

Q12 Is someone else helping you to complete this survey?

Yes (1)

No (2)

End of Block: Consent

Start of Block: Sociodemographics

1.0 The following social-demographic questions are different from the eligibility questions. Later in the survey, we will ask more detailed questions about caregiving, employment and housing. We ask these questions to respond to the call by our community leaders and the Canadian Public Health Association for culturally safe collection and use of sociodemographic and race-based data. Our racial and ethnic identities may shape how we are treated by different individuals and institutions. The following four questions ask about your race and ethnicity. We acknowledge these questions may result in uncomfortable feelings.

1.1 How do you identify your race and ethnicity?

1.5 Which race category best describes you? Select all that apply. In our society, people are often described by their race or racial background. For example, some people are considered

'White' or 'Black' or 'East/Southeast Asian.' These categories are imperfect and incomplete. We already asked about Indigenous identities.

- Black (1)
 - East/Southeast Asian (2)
 - Indigenous (8)
 - Latina, Latino, Latinx, Latine (3)
 - Middle Eastern (4)
 - South Asian (5)
 - White (6)
 - None of the above (7)
-

1.2 As an Indigenous person, do you identify as...? Select all that apply.

- First Nations (1)
 - Métis (2)
 - Inuk/Inuit (3)
 - I prefer to self-describe as: (4)
-

1.4 Do other people in Canada usually see or treat you as a person of colour / racialized person?

- Yes (1)
 - No (2)
 - Unsure (3)
-

1.6 Do you identify as a person with a disability?

- Yes (1)
 - No (2)
 - Unsure (3)
-

1.7.1 Would you share the first three characters of your postal code? We ask this question to locate your response to a region, not your specific address. Different regions of Canada have different health policies, services, and programs.

- Yes (1)
- I don't know my postal code (2)
- I do not have a fixed address or postal code (4)
- I do not want to provide this information (5)

1.7.2 What are the first three characters of your postal code? Your response should be in this format: Letter-Number-Letter (e.g. V2N, M3N, L4M).

1.8a Do you currently live on a First Nations reserve?

- Yes (1)
 - No (2)
-

1.8 What best describes the environment you currently live in?

- Very large urban population centre (500,000+ people) (1)
 - Large urban population centre (100,000-499,999 people) (2)
 - Medium population centre (30,000-99,999 people) (3)
 - Small population centre (1,000-29,999 people) (4)
 - Rural area (Less than 1,000 people) (5)
-

1.9 Were you born in Canada?

- Yes (1)
 - No (2)
 - Unsure (3)
-

1.10 What is your current immigration status? Select all that apply. We acknowledge that questions around immigration status often results in barriers to access or denial of services, particularly for those with precarious immigration statuses. Your responses to this survey will

remain confidential. At no time will this information be shared with CBSA, or any government agencies that enforce immigration policy.

- A Canadian citizen (1)
 - A landed immigrant/permanent resident (2)
 - A refugee/protected person (formally approved) (3)
 - A refugee or asylum claimant/Person in need of protection (applied but not yet approved) (4)
 - Admission on humanitarian and compassionate grounds (5)
 - Here with temporary work permit/papers (6)
 - Business immigrant (start up visa, investor, entrepreneur, self-employed) (7)
 - A student (obtained study permit or student work permit) (8)
 - Sponsored by family member (9)
 - Pending status – Judicial review or pre-removal risk assessment (10)
 - A visitor (11)
 - Non-status (undocumented person, irregular migrant) (12)
 - Other, please specify below: (13)
-
- None of the above (14)

1.10b **Do you have “status” (Registered/Treaty)?** We ask this question because some treatment and prevention medications are covered for First Nations people and Inuit who have status.

- Yes (1)
 - No (2)
 - Not applicable (3)
 - I don't know (4)
-

1.11 **What is the highest certificate, diploma, or degree that you have completed?**

- No high school diploma (or equivalent) (1)
- High school diploma or a high school equivalency certificate (2)
- Trades certificate or diploma, vocational school, or apprenticeship training (3)
- College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas) (4)
- University certificate or diploma below the bachelor's level (5)
- Bachelor's degree (e.g., B.A., B.A. (Hons), B.Sc., B.Ed., LL.B.) (6)
- University certificate, diploma or degree above the bachelor's level (7)

End of Block: Sociodemographics

Start of Block: COVID-19

2.01 The World Health Organization declared the COVID-19 pandemic in March 2020, and the Public Health Agency of Canada and Provincial/Territorial governments started to significantly increase control measures at that time. The first section is about your experiences with testing for COVID-19, symptoms and health conditions that increase the likelihood of severe disease due to COVID-19.

2.02 How is your overall health now compared to before the COVID-19 pandemic?

- Much better now (1)
 - Somewhat better now (2)
 - About the same (3)
 - Somewhat worse now (4)
 - Much worse now (5)
-

2.1 How many times have you been tested for COVID-19? This may include any test done by a healthcare provider or by yourself. Most tests would use a deep nasal, gargle test, or nose/throat swab.

- Zero, I have never been tested for COVID-19. (1)
 - 1-5 times (2)
 - 6-10 times (3)
 - 11-19 times (4)
 - 20+ times (5)
-

2.2 Have you EVER tested positive for COVID-19?

- Yes (1)
 - No (2)
 - Unsure (3)
-

2.3 In what month was your most recent POSITIVE test for COVID-19 done?

Month (1)	▼ January (1) ... December (13)
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Q273 In what year was your most recent POSITIVE test for COVID-19 done?

Year (1)

▼ 2020 (1) ... 2022 (3)

2.4 Do you think you have EVER had COVID-19?

Yes (1)

No (2)

2.5 Why do you think you have had COVID-19? Select all that apply.

I had the symptoms of COVID-19 (1)

A health care provider told me I had COVID-19 (2)

I was in contact with someone who had COVID-19 (3)

Other, please specify: (4)

None of the above (5)

2.6 Since the start of the COVID-19 pandemic, did you have any of the following symptoms? Select all that apply. Please don't select if you know these are related to an existing chronic health condition you have.

- Cough (1)
 - Fever (2)
 - Shortness of breath (3)
 - Sore muscles (4)
 - Headache (5)
 - Sore throat (6)
 - Diarrhea (7)
 - Decreased sense of smell (8)
 - Decreased sense of taste (9)
 - None of the above (10)
-

2.8 Do you consider yourself to have "long-haul" COVID (i.e., "Long COVID")? By Long COVID, we mean symptoms that persist beyond the initial infection.

- Yes (1)
 - No (2)
 - Unsure (3)
-

2.9 Have you experienced any of the following as part of Long COVID? Select all that apply.

- Blood clots (1)
- Brain fog, memory or concentration problems (6)
- Changes in menstrual period cycle (7)
- Chest pain (8)
- Cough (9)
- Depression or anxiety (10)
- Difficulty breathing (11)
- Dizziness when you stand (12)
- Fast or pounding heartbeat (13)
- Fatigue (14)
- Fever (15)
- Guillain-Barre syndrome (16)
- Headache (17)
- Joint pain (18)
- Loss of smell or taste (19)
- Nausea (20)
- Organ Damage (21)
- Sleep disturbances (22)

- Stroke (23)
 - Worsened symptoms after physical or mental activities (24)
 - None of the above (5)
-

2.10 Have you been hospitalized due to COVID-19?

- Yes, I was hospitalized in the ICU for COVID-19 (1)
 - Yes, I was hospitalized but NOT in the ICU for COVID-19 (4)
 - No (5)
-

2.11 Has someone close to you been hospitalized or died due to COVID-19? Select all that apply.

- Yes, someone close to me was hospitalized for COVID-19 (1)
 - Yes, someone close to me was hospitalized in the ICU for COVID-19 (2)
 - Yes, someone close to me died due to COVID-19 (3)
 - None of the above (4)
-

2.02 The following questions are about COVID-19 vaccination.

2.12 **Have you been vaccinated against COVID-19?** Answer ‘Yes’ if you have received at least one dose of the COVID-19 vaccine. Certain types of vaccines require more than one dose.

- Yes (1)
- No (2)
- I prefer not to answer (3)

2.13 **How many doses of the following COVID-19 vaccines have you received?**

- Pfizer-BioNTech mRNA vaccine (1) _____
- Moderna mRNA vaccine (2) _____
- AstraZeneca/COVISHIELD vaccine (3) _____
- Janssen (Johnson & Johnson) (4) _____

2.14 **What was the month of your last vaccine/booster?**

Month (2)	▼ January (1) ... December (13)
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Q274 **What was the year of your last vaccine/booster?**

Year (2)	▼ 2020 (1) ... 2022 (4)
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2.03 This section is about your experiences with and the impact of public health measures related to the COVID-19 pandemic.

2.20 Since the beginning of the COVID-19 pandemic, how often have you taken the following precautions to prevent yourself or others from getting COVID-19? We recognize that these practices may have changed over time for you. Provide a general rating.

Limited contact with people at a higher risk (e.g., an immunocompromised friend, an elderly relative) (2)	▼ Never (1) ... Not Applicable (5)
Avoided leaving the house because I am at a higher risk (e.g. immunocompromised) (3)	▼ Never (1) ... Not Applicable (5)
Self-isolated if I had symptoms (4)	▼ Never (1) ... Not Applicable (5)
Self-quarantined because I may have been exposed to COVID-19, but did not show symptoms (5)	▼ Never (1) ... Not Applicable (5)

2.21 How concerned have you been about the following impacts of COVID-19?

My own physical health or wellness (1)	▼ Not at all (1) ... Extremely (4)
My own mental health or wellness (2)	▼ Not at all (1) ... Extremely (4)
My spiritual or religious wellness (3)	▼ Not at all (1) ... Extremely (4)
My sex life (4)	▼ Not at all (1) ... Extremely (4)
The physical health or wellness of my friends and family (5)	▼ Not at all (1) ... Extremely (4)
The mental health or wellness of my friends and family (6)	▼ Not at all (1) ... Extremely (4)

End of Block: COVID-19

Start of Block: Chronic Health

3.01 We define chronic health conditions as those that meet all four of the following criteria:

- 1. Are physical, mental, cognitive, sensory, or psychological**
- 2. Have lasted at least 1 year (or are expected to last at least 1 year)**
- 3. Have an impact on your daily activities or “function”, whether daily or episodic**
- 4. Require some kind of supports such as medical care, assistive devices, or help from someone else**

We are using an expansive understanding of chronic health conditions to include conditions that are often under-represented, such as chronic pain, mental health conditions, HIV, being a

cancer survivor, etc. Some people may identify as having a disability in addition to, or instead of, identifying as having a chronic health condition.

3.2 Based on the definition above, do you have a chronic health condition?

- Yes (1)
 - No (2)
 - Unsure (3)
-

3.3 As someone living with a chronic health condition(s), what term(s) would you use to describe yourself? (e.g. poz, disabled, spoonie)

3.02 The next questions ask about specific chronic health conditions, grouped alphabetically because the list is quite long. At the end of this section, you will have an open-ended question to tell us about any other chronic health conditions.

3.4 Do you have any of the following chronic health conditions? Select all that apply.
(alphabetically A-C)

- AIDS (1)
 - Alopecia areata (2)
 - Amyotrophic lateral sclerosis (ALS) (3)
 - Ankylosing spondylitis (4)
 - Asthma (5)
 - Carpal tunnel syndrome (6)
 - Celiac disease (7)
 - Cerebral palsy (8)
 - Chronic Obstructive Pulmonary Disease (COPD) (9)
 - Chronic pain (not described elsewhere) (10)
 - Crohn's disease (11)
 - Cystic fibrosis (12)
 - None of the above (13)
-

3.5 Do you have any of the following chronic health conditions? Select all that apply.
(alphabetically D-G)

- Dystonia (1)
 - Ehlers-Danlos syndromes (EDS) (2)
 - Endometriosis (3)
 - Epilepsy (4)
 - Fibromyalgia (5)
 - Gestational Diabetes (6)
 - Gout (7)
 - Graves disease (8)
 - None of the above (9)
-

3.6 Do you have any of the following chronic health conditions? Select all that apply.
(alphabetically H-K)

- Hashimoto's thyroiditis (1)
 - Hearing Loss (2)
 - Heart disease (3)
 - Hepatitis B (4)
 - Hepatitis C (5)
 - HIV (6)
 - Huntington's disease (7)
 - Hydrocephalus (8)
 - Irritable bowel syndrome (IBS) (9)
 - Kidney disease (10)
 - None of the above (11)
-

3.7 Do you have any of the following chronic health conditions? Select all that apply.
(alphabetically L-O)

- Long COVID (1)
 - Lupus (2)
 - Mild cognitive impairment (3)
 - Multiple Sclerosis (4)
 - Muscular dystrophy (5)
 - Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) (6)
 - Neurotrauma (7)
 - Osteoarthritis (8)
 - Osteoporosis (9)
 - None of the above (10)
-

3.8 Do you have any of the following chronic health conditions? Select all that apply.
(alphabetically P-S)

- Parkinson's disease (1)
 - Polycystic ovary syndrome (PCOS) (2)
 - Postural Orthostatic Tachycardia Syndrome (POTS) (3)
 - Premenstrual dysphoric disorder (PMDD) (4)
 - Psoriasis or psoriatic arthritis (5)
 - Raynaud's syndrome (6)
 - Rheumatoid arthritis (7)
 - Scoliosis (8)
 - Sjögren's syndrome (9)
 - Sleep Apnea (10)
 - Spina bifida (11)
 - None of the above (12)
-

3.9 **Do you have any of the following chronic health conditions?** Select all that apply.
(alphabetically T-V)

- Tendonitis (1)
 - Traumatic brain injury (TBI) (2)
 - Type 1 Diabetes (3)
 - Type 2 Diabetes (4)
 - Ulcerative colitis (5)
 - Uterine fibroids (6)
 - Vision Loss (7)
 - Vitiligo (8)
 - None of the above (9)
-

3.10 **Have you EVER had cancer?** Select all that apply.

- I currently have cancer (1)
 - I previously had cancer / I am a cancer survivor (2)
 - None of the above (3)
-

3.11 **What type of cancer?** Select all that apply.

3.12 Have you been diagnosed with dementia?

- Yes (1)
- No (2)
-

3.13 What type of dementia have you been diagnosed with? Select all that apply.

- Early-onset/Young-onset Alzheimer's (1)
- Alzheimer's disease (2)
- Vascular dementia (3)
- Lewy body disease (4)
- Mixed dementia (5)
- Frontotemporal dementia (6)
- Korsakoff's syndrome (7)
- None of the above (8)
-

3.14 Do you have a mental health condition or illness? These include schizophrenia, eating disorders, depression, etc.

- Yes (1)
- No (2)
-

3.15 What type of mental health condition or illness do you have? Select all that apply.

- Anxiety (including phobias) (1)
- Bipolar (2)
- Depression (3)
- Dissociative conditions (4)
- Eating disorder(s) (5)
- Obsessive compulsive disorder (6)
- Personality-related (e.g. Borderline) (7)
- Schizophrenia spectrum and other psychotic disorders (8)
- Substance use-related (9)
- Trauma-related conditions (e.g. Post Traumatic Stress Disorder) (10)
- None of the above (11)

3.16 How long have you been living with your chronic health condition(s)?

3.17 You may have a chronic health condition that has not been included in any of the lists. Please tell us what it is, and how long you have been living with it?

3.18 Overall, what kinds of positive things have you experienced due to your chronic health condition(s)? Select all that apply.

- Became involved in activism (1)
 - Able to publicly share my experiences (13)
 - Became involved in community change work (14)
 - Built connections and community with others in person (15)
 - Built connections and community with others online (16)
 - Found pride in my identity and experience (17)
 - Had opportunities for sex, dating and/or relationships (18)
 - My family or household dynamics have been improved (19)
 - Other. please specify: (20)

 - None of the above (12)
-

3.19 Overall, what kinds of negative things have you experienced due to your chronic health condition(s)? Select all that apply.

- Challenges in finding appropriate housing (1)
 - Barriers to meaningful employment (4)
 - Fewer opportunities to provide caregiving supports (5)
 - Fewer opportunities to receive caregiving supports (6)
 - Stigma and/or discrimination (7)
 - Difficulty with sex, dating and/or relationships (8)
 - Difficulty making friends (9)
 - My family or household dynamics have been impacted (10)
 - My financial situation has been difficult (11)
 - Other, please specify: (12)

 - None of the above (13)
-

3.20 Have you faced barriers in getting a diagnosis?

- Yes (1)
 - No (2)
-

3.21 What kinds of barriers in getting a diagnosis have you experienced?

3.22 Overall, what types of care do you use to manage your chronic health condition(s)?
Select all that apply.

- Alternative health care supports (e.g. Traditional Chinese Medicine practitioner, reiki, etc.) (1)
 - Care through non-profits or private organizations that provide direct care (e.g. providing Personal Support Workers) (4)
 - Community supports (e.g. support groups, wellness activities) (5)
 - Complementary health care support (e.g. physiotherapy, chiroprody) (6)
 - Direct care from individuals in your life, such as friends, family (7)
 - Elders (8)
 - Other traditional care providers (18)
 - Exploratory therapies, including clinical trials (9)
 - Mental health care support (e.g. therapist, social worker) (10)
 - Primary health care (e.g. physician, nurse practitioner, etc.) (11)
 - Self-managed care (e.g. self-medicating, finding your own resources) (12)
 - Specialist health care (e.g. endocrinologist, rheumatologist) (13)
 - Telephone health line (e.g. Telehealth Ontario, Info-Santé) (14)
 - Virtual health apps (e.g., Telus Health, AppleTree, Tia Health) (15)
 - Other, please specify: (16)
-
- None of the above (17)

3.23 Overall, what kinds of aids and medications do you use to manage your chronic health conditions(s)? Select all that apply.

- Cannabis, including CBD oil (1)
- Cognitive aids (4)
- Hearing aids (5)
- Herbal medications (6)
- Mobility aids (7)
- Over the counter medications (8)
- Prescribed medications (9)
- Physical modifications in my home (10)
- Support animals (11)
- Topical ointments and creams (12)
- Traditional medicines (13)
- Vitamins and supplements (14)
- Other, please specify: (15)

None of the above (16)

3.24 **How do you manage the costs of your aids or medications?** Select all that apply.

- I have provincial or territorial coverage (1)
 - I have federal coverage (4)
 - I have private health insurance coverage (5)
 - I pay out of pocket (6)
 - I get support for the costs through family, friends or loved ones (7)
 - I rely on free samples from health care providers (8)
 - Other, please specify: (9)

 - None of the above (10)
-

3.25 **In the last 2 years, have you ever skipped/stopped taking, reduced, or delayed filling/refilling your medication because you could not afford it?**

- Yes (1)
- No (2)

End of Block: Chronic Health

Start of Block: Health & Services

6.01 This section is about health services, which includes community, social services and health care services. We will ask additional questions about sexual and reproductive health, mental health, and substance use services later.

6.1 During the COVID-19 pandemic, did you NEED any of the following health care services? Select all that apply.

- Alternative therapies (e.g. acupuncture, osteopathy, naturopath, Traditional Chinese Medicine) (1)
 - Dental care (4)
 - Emergency Room (5)
 - Fertility services (6)
 - Foot care (7)
 - Gender-affirming care (8)
 - Gender-affirming surgery (9)
 - Personal Support Workers (PSWs) at your home (10)
 - Physical therapies (e.g. physiotherapy, massage, chiropractic treatments, occupational therapy, rehabilitative care) (11)
 - Primary care (e.g., from a doctor or nurse practitioner) (12)
 - Professional nursing care at home (e.g., injections, catheter or colostomy care, wound care or tube feeding) (13)
 - Regular medical testing for issues unrelated to COVID-19 (e.g., blood work, X-ray, CT scan, MRI, colonoscopy, biopsy) (14)
 - Surgery (excluding gender-affirming surgery) (15)
 - None of the above (16)
-

6.2 During the COVID-19 pandemic, did you NEED any of the following community and support services? Select all that apply.

- Community centres (1)
- Cultural centres (4)
- Crisis centres or crisis lines (5)
- Food banks, soup kitchens (7)
- Free clothing services (8)
- Friendship centres (19)
- Individualized support services (e.g meals on wheels, friendly visitors) (9)
- Legal aid or community legal clinics (10)
- Recreation services (11)
- Religious, spiritual, ceremonial, or other faith-based services (12)
- Settlement organizations (6)
- Sexual assault centres (13)
- Shelters or transition homes (14)
- Support group services, drop-in centre, telephone information or support lines (15)
- Victim services or witness assistance programs (16)
- Victim support groups or centres (17)
- None of the above (18)

6.3 Which of these services were you able to access? Select all that apply.

- Alternative therapies (e.g. acupuncture, osteopathy, naturopath, Traditional Chinese Medicine) (1)
- Dental care (4)
- Emergency Room (5)
- Fertility services (6)
- Foot care (7)
- Gender-affirming care (8)
- Gender-affirming surgery (9)
- Personal Support Workers (PSWs) at your home (10)
- Physical therapies (e.g. physiotherapy, massage, chiropractic treatments, occupational therapy, rehabilitative care) (11)
- Primary care (e.g., from a doctor or nurse practitioner) (12)
- Professional nursing care at home (e.g., injections, catheter or colostomy care, wound care or tube feeding) (13)
- Regular medical testing for issues unrelated to COVID-19 (e.g., blood work, X-ray, CT scan, MRI, colonoscopy, biopsy) (14)
- Surgery (excluding gender-affirming surgery) (15)
- Community centres (16)
- Cultural centres (17)
- Crisis centres or crisis lines (18)

- Settlement organizations (19)
 - Food banks, soup kitchens (20)
 - Free clothing services (21)
 - Friendship centre (31)
 - Individualized support services (e.g meals on wheels, friendly visitors) (22)
 - Legal aid or community legal clinics (23)
 - Recreation services (24)
 - Religious, spiritual or other faith-based services (25)
 - Sexual assault centres (26)
 - Shelters or transition homes (27)
 - Support group services, drop-in centre, telephone information or support lines (28)
 - Victim services or witness assistance programs (29)
 - Victim support groups or centres (30)
 - None of the above (32)
-

6.4 Since the beginning of the COVID-19 pandemic, did you experience any of the following challenges when trying to access health care services? Select all that apply.

- Difficulty getting a referral (1)
- Difficulty getting an appointment (4)
- Difficulty contacting a physician, nurse practitioner or nurse to get information or advice (5)
- Long wait-times for an appointment (6)
- Service was not available at time required (i.e., reduced hours of operation) (7)
- Was refused service because I was exposed to or experiencing symptoms of COVID-19 (8)
- Inaccessibility of health care locations (physical barriers) (9)
- Transportation challenges (getting to/from health care locations) (10)
- Language challenges (translation or interpretation) (11)
- Cost challenges (12)
- Other types of challenges accessing health care services (e.g. technology/Internet access) (13)
- Difficulty getting a gender-affirming healthcare provider (14)
- Difficulty getting a sexual orientation-affirming healthcare provider (15)
- None of the above (16)

6.02 The next few questions are about your general healthcare use.

6.5 How do you receive primary health care services? By this, we mean a health professional that you regularly see or talk to when you need care or advice for your health. Select all that apply.

- Family doctor (1)
 - Naturopath or holistic care provider (4)
 - Nurse practitioner (5)
 - Telephone health service (e.g., Telehealth Ontario, Info-Santé, etc.) (6)
 - Virtual health apps (e.g., Telus Health, etc.) (7)
 - Walk-in clinic (8)
 - I don't receive primary health care anywhere (9)
-

6.7 Did you get a flu shot in the past year?

- Yes, I got a flu shot in the past year (1)
 - No, I tried but was unable to get a flu shot (4)
 - No, I did not try to get a flu shot (5)
-

6.8 Do you have or have you had a cervix?

- Yes (1)
 - No (2)
-

6.9 In the last 3 years, have you had a pap test or pap smear?

- Yes (1)
- No (2)
- Unsure (3)
- Not applicable (4)

End of Block: Health & Services

Start of Block: Mental Health

7.01 The next questions are about your mental health and wellbeing.

7.1 In general, how would you describe your mental health?

- Excellent (1)
 - Very good (4)
 - Good (5)
 - Fair (6)
 - Poor (7)
-

7.2 How is your mental health now compared to before the COVID-19 pandemic?

- Much better now (1)
 - Somewhat better now (4)
 - About the same (5)
 - Somewhat worse now (6)
 - Much worse now (7)
-

7.3 Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things (1)	▼ Not at all (1) ... Nearly every day (6)
Feeling down, depressed or hopeless (4)	▼ Not at all (1) ... Nearly every day (6)
Feeling nervous, anxious or on edge (5)	▼ Not at all (1) ... Nearly every day (6)
Not being able to stop or control worrying (6)	▼ Not at all (1) ... Nearly every day (6)

7.4 The next questions are about how you feel about different aspects of your life.

How often do you feel that you lack companionship? (1)	▼ Hardly ever (1) ... Often (3)
How often do you feel left out? (4)	▼ Hardly ever (1) ... Often (3)
How often do you feel isolated from others? (5)	▼ Hardly ever (1) ... Often (3)

7.5 Since the start of the COVID-19 pandemic, have you wanted help for any of the following issues? Select all that apply.

- Anxiety (1)
 - Body image (4)
 - Burnout (5)
 - Depression (6)
 - Eating disorder(s) (7)
 - Gender dysphoria (8)
 - Grief/Loss (9)
 - Navigating sexual orientation and identity (10)
 - Psychosis, hallucinations, delusions, or paranoia (11)
 - Relationship problems (12)
 - Self-harm (13)
 - Substance use (14)
 - Suicidal thoughts (15)
 - Trauma (16)
 - Other, please specify: (17)
-
- None of the above (18)

7.6 Which of these issues were you able to get help for? Select all that apply.

- Anxiety (1)
 - Body image (4)
 - Burnout (5)
 - Depression (6)
 - Eating disorders (7)
 - Gender dysphoria (8)
 - Grief/Loss (9)
 - Navigating sexual orientation and identity (10)
 - Psychosis, hallucinations, delusions, or paranoia (11)
 - Relationship problems (12)
 - Self-harm (13)
 - Substance use (14)
 - Suicidal thoughts (15)
 - Trauma (16)
 - Other (17)
 - None of the above (19)
-

7.7 Who has provided you with support or been sources of strength for you through the COVID-19 pandemic? Select all that apply.

- 2SLGBTQQA+ people (1)
 - Elder or Knowledge Keeper (4)
 - Family (including chosen family) (5)
 - Friends (6)
 - Neighbourhood or local community (7)
 - Pet(s) (8)
 - Race-based or cultural community (9)
 - Religious, spiritual, ceremonial or faith community (10)
 - Sexual or romantic partner(s) (11)
 - Social media/online community (12)
 - Other, please specify: (14)
-
- None of the above (13)

End of Block: Mental Health

Start of Block: Discrimination

8.0 These questions are about potentially traumatic experiences and may be uncomfortable or triggering. They will ask you about discrimination and violence, including sexual abuse. You can choose to skip any question.

Would you prefer to skip this section of questions?

Yes (1)

No (2)

8.1 Since the start of the COVID-19 pandemic, in what types of situations have you experienced discrimination or been treated unfairly by others in Canada? Select all the apply.

- In a store, bank or restaurant (1)
- When attending school or classes (online or in-person) (4)
- On the internet, including social media platforms (5)
- At work (6)
- When applying for a job or promotion (7)
- When seeking or applying for housing (e.g., buying or renting) (8)
- When interacting with the police (9)
- When interacting with the courts (10)
- When interacting with Canadian Border Services Agency officers (CBSA) (11)
- When accessing services through a government agency (12)
- When accessing services through a community organization or agency (13)
- In health care settings (14)
- While attending social gatherings (online or in-person) (15)
- While using public areas, such as parks and sidewalks (16)
- While using public transit, such as buses, trains or taxis (17)
- Any other situation (18)
- None of the above (19)

8.2 What do you feel were the reason(s) for the discrimination and unfair treatment you experienced? Select all that apply.

- My Indigenous identity (1)
 - My accent (4)
 - My age (5)
 - My chronic health condition(s) (6)
 - My disability (7)
 - My ethnicity or culture (8)
 - My gender identity or expression (9)
 - My immigration status (10)
 - My language (11)
 - My race or skin colour (12)
 - My religion, faith, ceremonies or spiritual beliefs (13)
 - My self-expression (e.g. hair style or colour, jewelry, piercings, tattoos, etc.) (14)
 - My sex (i.e., assigned at birth) (15)
 - My sexual orientation (16)
 - My weight or height (17)
 - Where I live or my neighbourhood (18)
 - Another reason, please specify: (19)
-

None of the above (20)

8.3 How did you respond to the discrimination and unfair treatment you experienced?

Select all that apply.

I made a formal complaint in the specific situation (1)

I made a formal complaint to the police (4)

I responded directly to the person or people (e.g., spoke back, physically defended myself) (5)

I left the situation and never returned (6)

I left the situation at the moment (7)

I spoke to my friends, family, or support system (8)

I worked to prevent it ever happening again (e.g. learning a skill (martial arts), traveling in groups) (9)

I used technology to describe what happened (e.g. named the person on social media, recorded the person or people) (10)

Other, please specify: (11)

I did nothing (12)

8.5 Since the start of the COVID-19 pandemic, have you experienced the following kinds of discrimination or unfair treatment ... Select all that apply.

- Been blamed or targeted for the COVID-19 pandemic (1)
 - Been called names or insulted (4)
 - Been physically attacked by strangers (5)
 - Been sexually harassed or assaulted by strangers (6)
 - Been stared at or received hostile looks from strangers (7)
 - Been threatened or intimidated (8)
 - Been treated with less respect than other people (9)
 - Experienced online harassment (e.g. sent hateful messages on social media) (10)
 - Had friends and/or colleagues avoid contact with me (not related to social distancing) (11)
 - None of the above (12)
-

8.6 Since the start of the COVID-19 pandemic, has a romantic partner, significant other, or regular sex partner done the following? Select all that apply.

- Controlled or restricted my access to money (4)
 - Controlled or restricted my movements outside of the house (5)
 - Forced unwanted sex or sexually abused me (6)
 - Hit, kicked, slapped, or physically abused me (7)
 - Insulted or verbally abused me (8)
 - Manipulated me or used my emotions against me (9)
 - Not applicable (I have had no romantic partner(s) or significant other(s) during COVID-19) (1)
 - None of the above (10)
-

8.7 Since the start of the COVID-19 pandemic, has a caregiver, dependent, friend, or someone close to you done the following? Select all that apply.

- Controlled or restricted my access to money (4)
 - Controlled or restricted my movements outside of the house (5)
 - Forced unwanted sex or sexually abused me (6)
 - Hit, kicked, slapped, or physically abused me (7)
 - Insulted or verbally abused me (8)
 - Manipulated me or used my emotions against me (9)
 - Not applicable (1)
 - None of the above (10)
-

8.10 Have you ever experienced conversion therapy? Select all that apply. Conversion therapy is now considered a harmful practice that is no longer legal in Canada. We define 'conversion therapy' as intentional and structured attempts to make someone straight/heterosexual, or to make them identify or act like a girl/woman or boy/man, when the person felt differently. This is sometimes called conversion therapy, something else, or not called anything at all. Conversion therapy can include many different practices.

- Yes, this was targeting my sexual orientation (1)
 - Yes, this was targeting my gender identity (4)
 - Yes, this was targeting my gender expression (5)
 - I don't know (6)
 - None of the above (7)
-

8.12 Did you or any of your family members ever attend a residential or day school?

Select all that apply. We ask this because residential and day schools have harmed Indigenous people and families.

- Yes, I did (1)
 - Yes, at least one of my family members was (8)
 - No, neither any family member nor myself were in a residential school system. (9)
 - Unsure (10)
-

8.12b Were you or any of your family members part of the 60's scoop? Select all that apply. We ask this because the 60s scoop has harmed Indigenous people and families.

- Yes, I was part of the 60s scoop (1)
 - Yes, at least one of my family members was a part of the 60s scoop (4)
 - No, neither any family member nor myself were a part of the 60s scoop (5)
 - Unsure (6)
-

8.13 On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada?

The police (1)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
The court system (4)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
The school system (5)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
Federal government (6)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
Your provincial or territorial government (7)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
Your local government (8)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
The health care system (9)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
Public health agencies (10)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
The Canadian media (11)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)
2SLGBTQQIA+ organizations (12)	▼ No trust at all (1) (1) ... A great deal of trust (5) (5)

End of Block: Discrimination

Start of Block: Community

9.01 The next questions are about your community and social connections.

9.1 How much of your social time do you usually spend with 2SLGBTQQIA+ people?

- Little (1)
- 25% (4)
- 50% (5)
- 75% (6)
- Most (7)

9.2 How connected do you feel to 2SLGBTQQIA+ communities?

- Not at all (1)
 - Somewhat (4)
 - Very (5)
-

9.3 How connected to 2SLGBTQQIA+ communities are you now compared to before the COVID-19 pandemic?

- Much more now (1)
 - Somewhat more now (4)
 - About the same (5)
 - Somewhat less now (6)
 - Much less now (7)
-

9.4 **What are you CURRENTLY involved in?** Select all that apply.

- 2SLGBTQQIA+ activism, organization, or cultural activities (1)
 - 2SLGBTQQIA+ sport leagues or recreational activities (4)
 - Non-2SLGBTQQIA+ community activism, charity, or cultural activities (5)
 - Religious, faith, ceremonial, or spiritual community activities (6)
 - Personal voluntary action and neighbourhood support (7)
 - Political organizing, advocacy, party membership (8)
 - Cultural or race-based community groups, activism or activities (9)
 - None of the above (10)
-

9.6 During the COVID-19 pandemic, which of the following activities have helped you manage? Select all that apply.

- Regular time with friends (phone, online, in-person when able) (1)
 - Regular time with family (phone, online, in-person when able) (4)
 - Meditation (5)
 - Physical exercise (6)
 - Watching TV shows or movies (7)
 - Reading books (8)
 - Playing games (online, cards, video games, board games) (9)
 - Online community (e.g. through social media) (10)
 - Doing home improvement projects (11)
 - Playing or making music or art (12)
 - Learning a new skill or hobby (13)
 - Another strategy, please specify: (14)
-
- None of the above (15)
-

9.7 The next set of questions is about your current relationship with friends, family members, coworkers, community members, and so on. Please tell us to what extent you agree that each statement describes your current relationships with other people.

I have close relationships that provide me with a sense of emotional security and well-being (1)	▼ Strongly disagree (1) ... Strongly agree (5)
There is someone I could talk to about important decisions in my life (4)	▼ Strongly disagree (1) ... Strongly agree (5)
I have relationships where my skills are recognized (5)	▼ Strongly disagree (1) ... Strongly agree (5)
I feel part of a group of people who share my attitudes and beliefs (6)	▼ Strongly disagree (1) ... Strongly agree (5)
There are people I can count on in an emergency (7)	▼ Strongly disagree (1) ... Strongly agree (5)

End of Block: Community

Start of Block: Sexual Health

10.01 The next questions are about your sex life, sexual health and wellness.

10.1 In general, how would you describe your sex life?

- Excellent (1)
 - Very good (4)
 - Good (5)
 - Fair (6)
 - Poor (7)
 - Not applicable (8)
-

10.2 How is your sex life now compared to before the COVID-19 pandemic?

- Much better now (1)
 - Somewhat better now (4)
 - About the same (5)
 - Somewhat worse now (6)
 - Much worse now (7)
 - Not applicable (8)
-

10.3 How many people have you had sex with in the past 6 months? Provide your best guess. We define sex as any consensual physical contact that you felt was sexual.

10.4 This question is about potential symptoms of sexually transmitted infections. Have you had any of the following since the start of the COVID-19 pandemic? Select all that

apply. Please don't select if you know these are related to an existing chronic health condition you have.

- Irregular discharge from my genitals (1)
 - Itchiness from where I pee (urethra) (4)
 - Itchiness, pain, discharge or bleeding from my bum/ass (5)
 - Lumps or bumps on or near your genitals or bum/ass (6)
 - Non-menstrual bleeding (7)
 - Pain while peeing (8)
 - Pelvic pain (9)
 - Rash on your body or hands (10)
 - Urinary frequency/urgency (11)
 - None of the above (12)
-

10.5 Did you see a health professional for this/these symptom(s)?

- Yes (1)
 - No (2)
-

10.6 **When were you LAST tested for any sexually transmitted infection?** This includes testing for HIV or hepatitis C.

- In the past 3 months (1)
 - 4-6 months ago (4)
 - 7-12 months ago (5)
 - Longer than one year ago (6)
 - I have never tested for STIs (7)
-

10.7 **What type of sexually transmitted infection testing have you received in the PAST YEAR?** Select all that apply.

- Anal swab (in your bum/ass) (1)
 - Blood sample (4)
 - Cervical swab (5)
 - Genital swab (6)
 - Pelvic exam (7)
 - Rapid test device (result shared within minutes) (8)
 - Throat swab (9)
 - Urine test (10)
 - None of the above (11)
-

10.17 Have you EVER been vaccinated against Human Papillomavirus (HPV)?

- Yes (1)
- No (2)
- Unsure (3)

10.02 The next questions in this section are about HIV, hepatitis C, and syphilis knowledge and experiences.

10.8 Please read the following statements about hepatitis C, HIV, and syphilis. These are true statements. For each, select if you knew this before taking this survey or not.

<p>Right now in Canada, testing for HIV, hepatitis C, and syphilis requires a blood test. (1)</p> <p>There are highly effective treatment options for people living with hepatitis C. (4)</p> <p>Syphilis can be passed via oral, vaginal, front hole, or anal sex, including through mutual masturbation and sharing sex toys. (5)</p> <p>Pre-Exposure Prophylaxis ("PrEP") is HIV medication that HIV-negative people can take before and continuing after sex to prevent getting HIV. (6)</p> <p>Post-Exposure Prophylaxis ("PEP"): within 3 days after potential exposure to HIV, an HIV-negative person takes HIV medication for up to a month that may stop HIV. (7)</p> <p>HIV medications, taken daily by someone living with HIV, can make their HIV viral load undetectable. (8)</p> <p>There is now scientific consensus that someone who maintains an undetectable viral load cannot pass HIV to their sexual partners. This is known as "Undetectable = Untransmittable" (U=U). (9)</p>	<ul style="list-style-type: none"> ▼ Yes, I knew this already (1) ... No, I did not know this already (2) ▼ Yes, I knew this already (1) ... No, I did not know this already (2) ▼ Yes, I knew this already (1) ... No, I did not know this already (2) ▼ Yes, I knew this already (1) ... No, I did not know this already (2) ▼ Yes, I knew this already (1) ... No, I did not know this already (2) ▼ Yes, I knew this already (1) ... No, I did not know this already (2) ▼ Yes, I knew this already (1) ... No, I did not know this already (2)
--	--

hcv_now_status **What best describes your current hepatitis C status?**

- I have hepatitis C now (1)
 - I had hepatitis C before, but I cleared the virus without treatment (spontaneously) (4)
 - I had hepatitis C before, but I cleared the virus with treatment (5)
 - I have never been diagnosed with hepatitis C (6)
 - I prefer not to answer (7)
-

sti_syph_ever **Have you EVER tested positive for syphilis?**

- Yes (1)
 - No (2)
 - Unsure (3)
 - I prefer not to answer (4)
-

sti_syph_tx **Have you EVER received treatment for syphilis?** This would be 2 injections in your bum/ass or pills for 2-4 weeks.

- Yes (1)
 - No (2)
 - Unsure (3)
 - I prefer not to answer (4)
-

hiv_dx_ever **Have you EVER been diagnosed with HIV?** This is an important question. It determines whether you get questions about living with HIV or questions about Pre-Exposure

Prophylaxis. We keep this information confidential and only use it for research purposes, which includes working to improve services and access.

- Yes (I am living with HIV) (1)
 - No (I have never been diagnosed with HIV) (4)
 - I prefer not to answer (5)
-

10.13 Have you EVER taken Pre-Exposure Prophylaxis (PrEP)?

- Yes, I am currently taking PrEP (daily or on-demand) (1)
 - Yes, but I stopped before the COVID-19 pandemic and have not used it since (4)
 - Yes, but I stopped during the COVID-19 pandemic and have not used it since (5)
 - No (6)
-

10.14 How many times have you EVER taken Post-Exposure Prophylaxis (“PEP”) after having sex or sharing substance use equipment?

- Once (1)
 - More than once (2)
 - Never (3)
-

10.15 **During the COVID-19 pandemic, how have you accessed your regular HIV care?** Select all that apply.

- In-person (1)
 - By video (4)
 - By phone call (5)
 - By app (6)
 - None of the above (7)
-

10.16 **How has your life as a person living with HIV been impacted in the PAST YEAR?**

Experience stigma (1)	▼ Decreased (1) ... Increased (3)
Rejection by sexual partners (4)	▼ Decreased (1) ... Increased (3)
Feelings of shame (5)	▼ Decreased (1) ... Increased (3)
Pressure to get/maintain an undetectable viral load (6)	▼ Decreased (1) ... Increased (3)
Pressure to take medication (7)	▼ Decreased (1) ... Increased (3)
Mental well-being (8)	▼ Decreased (1) ... Increased (3)
Social well-being (9)	▼ Decreased (1) ... Increased (3)
Quality of sex life (10)	▼ Decreased (1) ... Increased (3)
Access to sexual partners (11)	▼ Decreased (1) ... Increased (3)

Page Break

DBS.01 This section is about your optional participation in at-home COVID-19 antibody testing. Are you interested in learning more?

- Yes (1)
- No (2)
- Unsure (3)
-

DBS.1 *Optional at-home COVID-19 antibody testing.*

If you would prefer to review an audio version of this consent form, please click [here](#).

What is the point of this part of the study (and why should I care)?

We want to understand whether 2SLGBTQQIA+ people are more at-risk of COVID-19 infection in Canada, so that we can better advocate for testing resources and support for our communities. This is an optional testing component of the study that you can participate in, where you will be able to find out if you have ever had COVID-19 (by measuring antibodies, the immune system's response to the infection). You can also choose to screen for HIV, hepatitis C, and/or syphilis using the same sample.

What will I be asked to do?

We are asking you to provide an optional blood sample at home that we will test for antibodies to the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), the virus that causes COVID-19. Your sample will help us determine whether our 2SLGBTQQIA+ communities have more or less cases of COVID-19 than the general population; you can also get your individual results on whether you have ever had COVID-19 or not. If requested, we will also screen your sample for HIV, hepatitis C, and/or syphilis and provide you with the results. We will NOT conduct these additional tests (e.g., for research purposes) unless you request them. Laboratory testing is being coordinated by the Public Health Agency of Canada's National Microbiology Laboratory. No testing will be conducted outside of Canada.

The test kit is free and easy to use. If you provide a mailing address (either your home address or another chosen address), you will be mailed a kit in plain, discreet packaging with detailed instructions in about two weeks. The test kit will include everything you need to collect a small blood sample via finger prick. You will then mail us your completed blood sample via a pre-paid Canada Post return envelope no more than 2 weeks after receiving your package. If you decide later that you no longer want to provide a sample, you can let us know by sending us an email

(ourhealth@cbrc.net). If you decide you want the results of your COVID-19, HIV, hepatitis C, and/or syphilis tests, these will be returned electronically to the email address you provide.

What are the risks of the at-home test?

The blood sample test is optional. Pricking your finger for a blood sample can be uncomfortable. Many people do something similar to measure their blood sugar levels. You will receive instructions on how to safely provide a blood sample with your test kit. Please read the instructions before you start. You can contact the research team if you do not receive the instructions or if you have any questions. In rare cases, some people faint after pricking their finger or at the sight of their own blood. If you have had issues with needles or giving blood in the past, consider having another person support you while you collect your sample (e.g., by phone, over videocall). Or, do not do this portion of the study if fainting is a concern.

The COVID-19 blood test measures antibodies, which is your body's immune response to the virus that causes COVID-19. It takes several weeks after getting the COVID-19 virus before your body makes antibodies. COVID-19 antibody levels also decrease over time. This means if you had COVID-19 a long time ago (e.g., over 8 months), you may receive a negative result. Not everyone will develop enough antibodies to be detected by the blood test. Additionally, vaccination for COVID-19 also produces an antibody response. Our testing process will be able to tell whether your antibodies are present only due to vaccination. **This means your test result will indicate if you've ever had COVID-19. The result of your blood test will NOT tell you whether you are currently infected with COVID-19. The test results will NOT tell you whether you have immunity to COVID-19.** No matter your test result, we encourage you to follow public health guidelines to help prevent getting or passing COVID-19. If you are interested in knowing whether you currently have COVID-19 and/or are potentially infectious, you may wish to seek out another form of COVID-19 testing (e.g., through a healthcare provider, public testing site, or at-home rapid test).

If you would like to receive your COVID-19, HIV, hepatitis C, and/or syphilis test results, we will provide them for your information only. If you agree to receive your test results, it will take approximately 3 months to receive them. Learning that you have a positive COVID-19 antibody test may be difficult. Your healthcare provider or your local public health authority can give you individual healthcare advice about COVID-19. Additionally, receiving a positive HIV, hepatitis C, and/or syphilis screening result may be distressing. These results are only preliminary, and we encourage you to get confirmatory testing so that you can benefit from treatment. We have a Registered Nurse on the study team who will return all new positive HIV, hepatitis C, and syphilis screening results, help with referrals to follow-up testing and care, and who is available to answer questions about your test results via email or phone and help you connect with a healthcare provider, if needed.

What are the benefits?

You can choose to receive the result of your COVID-19 antibody test. If you would like to, you can also agree to have your sample screened for HIV, hepatitis C, and syphilis, and we will provide these results to you along with your COVID-19 antibody results. The results of these

tests are considered preliminary and are not a substitute for testing through a healthcare provider. Your participation will also help us advocate for communities who would most benefit from these mail-home test kits in the future. Your participation will help us determine how well mail-home testing for COVID-19 or other infections works in Canada, which may allow other people in Canada to test themselves at home for COVID-19 or other infections in the future.

What are my rights?

We have sought to implement the [First Nations principles of Ownership, Control, Access, and Possession \(OCAP®\)](#) in this project. If you choose to provide a blood sample, you will remain the owner of the sample and can control what our research team does with it. You can withdraw your sample at any time. You may also choose to have your sample returned to you, destroyed, or retained for future testing. As part of this study, your blood sample will be in the possession of Canada Post during shipment, our study team during processing, and the National Microbiology Laboratory for testing and storage. If you agree to allow future testing of your sample, then your blood sample will then be owned by the study team and kept in the possession of the National Microbiology Laboratory. Do not consent to future testing if you are not comfortable with this. Your sample will never be sold or shared with any private companies, nor will any genetic testing ever be conducted on it.

Is there compensation for participating?

Anyone who provides a blood sample to test for COVID-19 will receive \$20. We can send you this money as either a cheque in the mail or an Interac e-transfer once you send your kit back to us. You will not receive an honorarium if you do not return a completed blood sample. Once you send the kit back to us, honoraria will be processed within 30 business days (approximately 6 weeks). E-transfers by email will be sent from Community-Based Research Centre through the accounting software Plooto, e-transfers by text will be sent from Nathan Lachowsky, and cheques will be sent from the University of Victoria. You can read Plooto's privacy policy here: <https://www.plooto.com/privacy-policy>.

How will my personal information be protected?

Since data for this study is being collected online, there is a risk of a privacy breach where online data could be unintentionally accessed by someone outside of our research team. We are taking precautions to minimize this risk. The information you provide in the survey and the results of your HIV self-test will be treated according to privacy laws including the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). Only essential research team members will have access to your personal information. The lab testing your blood sample will only receive a Kit ID number; we will not give the lab your name, contact information, or survey responses, except for the date of your most recent COVID-19 vaccination, if applicable (this is required for the lab to adequately test the samples). Your Kit ID number will be used to link the lab results to your survey responses for analysis. Only approved study team members will have access to your contact information to return your results. All contact information will be destroyed six months following the end of the study. All data will be stored on an encrypted, password-protected Canadian server at the University of Victoria, with the exception of the information provided to Plooto, which may be stored on servers in the

United States.

Who can I contact if I have any questions about the study?

If you have any questions or need more information about the study, please contact our study team at the Community-Based Research Centre toll-free at [1-844-900-2279](tel:1-844-900-2279) or by email at ourhealth@cbrc.net.

Who can I contact if I have a concern about my rights as a participant?

This research has been reviewed by the University of Victoria's Research Ethics Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria ([250-472-4545](tel:250-472-4545) or ethics@uvic.ca).

Do you acknowledge and agree to the conditions outlined above?

Yes (1)

No (2)

Page Break

Q281 **Shipping Information**

DBS.2 Please provide the address that you would like this kit to be sent to. This can be your residential address or another location such as to a community-based organization. **Please complete the required fields below.** This information will not be used for any other purpose or shared for any other reason. Although a name is required, you may choose to provide us with your everyday name, legal name, chosen name, or a fake name to further protect your privacy.

Full Name (1) _____

Street Address (4) _____

City (5) _____

Postal Code (7) _____

Q278 Province

▼ AB (1) ... YT (13)

Q275

Phone (optional) (1) _____

Email (2) _____

db_s_cvd_rslt **Would you like to receive the result of your test to find out if you have had COVID-19?** Results will be returned electronically using the email address entered above.

Yes (1)

No (2)

DBS.5 **How would you like to receive your \$20 for completing the blood test?** Choose one of the following:

- By Interac e-transfer via TEXT MESSAGE using the following phone number (1)

- By Interac e-transfer via E-MAIL using the email name and address above (note, the e-transfer will be sent through the accounting software Plooto and the password will be "2022") (4)
- By cheque using the **same shipping information above**. (Please note that if you choose this option, we will need a name that your bank will recognize. If you would like to provide a name that is different from what you provided in the shipping information section, please edit on the following page) (5)
- By cheque using **different shipping information**. (Please note that if you choose this option, we will need a name that your bank will recognize) (11)

Q279 Please verify shipping information is correct:

- Full Name (4) _____
 - Street Address (5) _____
 - City (6) _____
 - Province (8) _____
 - Postal Code (7) _____
-

Q280 Please provide the address that you would like the cheque sent to:

- Full Name (4) _____
 - Street Address (5) _____
 - City (6) _____
 - Province (8) _____
 - Postal Code (7) _____
-

db_samp_todo **Can we keep your sample for future testing, or would you like us to destroy or return your sample after testing COVID-19?**

- Please KEEP MY SAMPLE for future testing, and I consent to transferring ownership of my sample to the study team (1)
 - Please DESTROY MY SAMPLE after testing for this study is complete (4)
 - Please RETURN MY SAMPLE TO ME after testing for this study is complete, using the mailing address provided above (5)
-

DBS.7 Would you like to have your sample screened for HIV, hepatitis C, and syphilis? Select all that apply. We will only conduct these tests if you request them and will return the results to you.

- HIV (1)
- Hepatitis C virus (4)
- Syphilis (5)
- None of the above (6)

End of Block: DBS

Start of Block: Reproductive health

11.01 This section is about reproductive health and services.

11.02 **Do you experience menstruation and/or menstruation-related symptoms?**

- Yes (4)
 - No (5)
-

11.2 During the last 6 months, has your access to menstrual products...

- Increased (1)
 - Decreased (4)
 - Remained the same (5)
 - I don't use menstrual products (6)
-

11.3 During the last 6 months, have you experienced any of the following related to menstruation? Select all that apply.

- Painful menstruation (1)
 - Heavy menstruation (4)
 - Bleeding between menstruation (5)
 - Lower back pain (6)
 - Pelvic pain/cramping (7)
 - PMS and/or PMDD (premenstrual dysphoric disorder) (8)
 - Other body aches (9)
 - Other, please specify: (10)
-
- None of the above (11)
-

11.03 The next set of questions relate to pregnancies, children and reproductive goals.

11.7 Since the start of the COVID-19 pandemic, have you or your partner(s) experienced any of the following? Select all that apply.

- Adopted a new child (1)
 - Became pregnant (4)
 - Decided not to have children at all (5)
 - Decided not to have more children (6)
 - Decided to adopt a child/children (7)
 - Decided to delay getting pregnant (8)
 - Decided to get pregnant sooner (9)
 - Decided to have more children (10)
 - Had a new child (11)
 - None of the above (12)
-

11.8 Which fertility services have you ever used? Select all that apply.

- Sperm donation (1)
 - Egg donation (4)
 - Sperm washing (5)
 - Fertility enhancing drugs prescribed by a doctor (6)
 - Artificial insemination or intrauterine insemination (7)
 - Assisted reproductive technology (8)
 - Infertility treatment options (9)
 - Surrogacy (traditional) (10)
 - Surrogacy (gestational) (11)
 - Another service (12)
 - None of the above (13)
-

11.9 Do you intend to have children in the future?

- Yes (1)
 - No (2)
 - I don't know (3)
-

11.10 **What are the barriers to you and/or your partner(s) having children?** Select all that apply.

- Cost (1)
 - Disagreements with partner(s) concerning family planning (4)
 - Matching with a child for adoption (5)
 - Finding a sperm donor (6)
 - Finding an egg donor (7)
 - Finding a co-parent(s) (8)
 - Finding a gestational surrogate (9)
 - Finding a traditional surrogate (10)
 - Gender dysphoria (11)
 - Getting approval for adoption (12)
 - Infertility (13)
 - Social, political or environmental concerns (14)
 - Other, please specify: (15)
-
- None of the above (16)
-

11.4 The next two questions are about pregnancy termination. Do you want to answer these questions?

- Yes (1)
 - No (2)
-

11.5 **Since the start of the COVID-19 pandemic, have you terminated a pregnancy or attempted to?** Select all that apply.

- Yes, I terminated a pregnancy (1)
 - Yes, I attempted to terminate a pregnancy but was unable to access services (2)
 - No (3)
 - Not applicable (4)
-

11.6 **Prior to the start of the COVID-19 pandemic, did you terminate a pregnancy or attempt to?** Select all that apply.

- Yes, I terminated a pregnancy (1)
- Yes, I attempted to terminate a pregnancy but was unable to access services (2)
- No (3)
- Not applicable (4)

End of Block: Reproductive health

Start of Block: Caregiving

12.01 This section is about caregiving for dependents, which includes parenting, child care, elder care, and more. This is about unpaid caregiving, not paid caregiving (such as working as a Personal Support Worker).

12.1 How are your caregiving responsibilities now compared to before the COVID-19 pandemic?

- Much more (1)
 - Somewhat more (4)
 - About the same (5)
 - Somewhat less (6)
 - Much less (7)
 - Not applicable (8)
-

12.2 Since the start of the COVID-19 pandemic, did you have or share primary caregiving responsibilities for any of the following? Select all that apply.

- A child under the age of 18 (1)
 - An elder (4)
 - Someone with a permanent physical disability (5)
 - Someone with a cognitive, behavioural, or emotional disability (6)
 - Someone with a short-term illness or temporary disability (7)
 - Someone needing palliative (end of life) care (8)
 - Other, please specify: (9)

 - None of the above (10)
-

12.3 Did you care for anyone who got/had COVID-19?

- Yes (1)
- No (2)
-

12.4 Since the start of the COVID-19 pandemic, have you or someone you cared for NEEDED any of the following services? Select all that apply.

- Respite services (short-term relief for primary caregivers) (1)
- Day programs (publicly-funded) (4)
- Day programs (private) (5)
- In-home care support (publicly-funded) (6)
- In-home care support (private) (7)
- Child care (publicly-funded) (8)
- Child care (private) (9)
- None of the above (10)
-

12.5 Since the start of the COVID-19 pandemic, have you or someone you cared for USED any of the following services?

- Respite services (short-term relief for primary caregivers) (1)
 - Day programs (publicly-funded) (4)
 - Day programs (private) (5)
 - In-home care support (publicly-funded) (6)
 - In-home care support (private) (7)
 - Child care (publicly-funded) (8)
 - Child care (private) (9)
 - None of the above (11)
-

12.6 Since the start of the COVID-19 pandemic, what CHALLENGES did you have with these services? Select all that apply. By services, we mean respite services, in-home care support, child care or other related services.

- I could not find/access these services (1)
- I could not afford these services (4)
- I paid more for these services (5)
- I paid for these services (but did not use them) (6)
- These services were closed or had reduced capacity (7)
- I stopped or reduced use of these services because it was unsafe (8)
- I had to make changes to my paid working hours to coordinate (9)
- None of the above (10)

12.8 What was the impact of caregiving during the COVID-19 pandemic on you personally? This may include both positive and negative impacts.

End of Block: Caregiving

Start of Block: Economic Security

13.01 This section is about your experience with employment during the COVID-19 pandemic.

13.1 Do you consider yourself to be an essential worker? By essential work we mean those who had to interact with people in-person through the pandemic, including during times of public health restrictions. This includes sex workers, grocery store workers, health care workers, delivery or food service workers, and more.

- Yes (1)
 - No (2)
 - Unsure (3)
-

13.3 Which of the following best describes your current work situation? Select all that apply.

- Work full-time (i.e., 30 hours or more a week) (1)
 - Work part-time (i.e., less than 30 hours a week) (4)
 - On temporary layoff due to business conditions (5)
 - I am a student (6)
 - Have a job, but absent for personal reasons (e.g., illness or disability, parental leave) (7)
 - Have a job, but absent for other reasons (e.g., seasonal job or business, strike or lockout) (8)
 - Do not have a job, but looking for work (9)
 - Do not have a job and not looking for work (e.g., family responsibilities) (10)
 - Cannot work due to disability (11)
 - Receiving income informally (working under the table) (12)
 - Retired (13)
 - None of the above (14)
-

13.4 **Since the start of COVID-19, which of the following have you experienced?** Select all that apply.

- A decrease in work hours (1)
- An increase in work hours (4)
- A decrease in pay or self-employment earnings (5)
- An increase in pay or self-employment earnings (include overtime pay) (6)
- A temporary layoff or business closure (e.g. due to business conditions or COVID-19-related public health restrictions) (7)
- A work absence for voluntary or personal reasons related to COVID-19 (e.g. personal safety, your own or a household member's diagnosis, self-isolation after recent travel, taking care of children due to school closure) (8)
- A job loss or permanent closure of your business (9)
- A new job or opening of your new business (10)
- Difficult finding work (11)
- Other changes in work status (12)
- None of the above (13)

13.02 These next questions are about your income, finances, and economic security.

13.6 How would you describe your money situation right now?

- Comfortable, with extra (1)
 - Enough, but no extra (4)
 - Have to cut back (5)
 - Cannot make ends meet (6)
-

13.7 Please select the income category that best describes your current yearly individual income before applicable taxes?

- Less than \$10,000 per year (1)
 - \$10,000 - \$19,999 per year (4)
 - \$20,000 - \$29,999 per year (5)
 - \$30,000 - \$39,999 per year (6)
 - \$40,000 - \$49,999 per year (7)
 - \$50,000 - \$59,999 per year (8)
 - \$60,000 - \$69,999 per year (9)
 - \$70,000 - \$100,000 per year (10)
 - More than \$100,000 per year (11)
-

13.8 Since the start of COVID-19, what was your experience with a government COVID-19 benefit (e.g. CERB, CESB)?

- I did not apply because I did not need it (1)
 - I did not apply because I was not eligible (4)
 - I applied to receive a benefit but did not receive it (5)
 - I applied to receive a benefit and I received the benefit (6)
 - I applied to receive a benefit, received it but had to pay it back (7)
 - Not applicable (8)
-

13.9 Did the government COVID-19 benefit (e.g. CERB, CESB) financially support you for the time that you received it?

- Yes (it was enough money for me to cover my expenses) (1)
 - No (it was not enough for me to cover my expenses) (4)
-

13.10 **Since the beginning of the COVID-19 pandemic, have you personally received income from any of the following sources?** Select all that apply. Do not include any government COVID-19 benefits.

- Workers' compensation (1)
- Employment Insurance or Quebec Parental Insurance Plan (Exclude short-term disability sickness benefit.) (4)
- Disability benefits (5)
- Pension plan benefits (exclude disability benefits) (6)
- Social assistance or welfare (exclude disability benefits) (7)
- Other sources (e.g., other government income, child tax benefit, child support, education allowances and scholarships, Northern Allowance, spousal support, honoraria) (8)
- None of the above (9)

13.11 **How much of a NEGATIVE impact did the COVID-19 pandemic have on your ability to meet each of the following financial obligations or essential needs?**

Rent or mortgage payments (1)	▼ No impact (1) ... Not applicable (6)
Basic utilities (4)	▼ No impact (1) ... Not applicable (6)
Ability to pay off debt (5)	▼ No impact (1) ... Not applicable (6)
Phone service (6)	▼ No impact (1) ... Not applicable (6)
Internet service (7)	▼ No impact (1) ... Not applicable (6)
Food and groceries (8)	▼ No impact (1) ... Not applicable (6)
Transportation (9)	▼ No impact (1) ... Not applicable (6)
Personal protective equipment (12)	▼ No impact (1) ... Not applicable (6)
Tuition or school fees (13)	▼ No impact (1) ... Not applicable (6)

End of Block: Economic Security

Start of Block: Substance use

14.01 The section will ask about the substances that you have used and any related supports.

14.1 How often have you used the following substances in the PAST 6 MONTHS? Select all that apply. This does NOT include prescription medications.

Alcohol (less than 5 drinks in one occasion) (1)	▼ Never (1) ... Daily (4)
Alcohol (5+ drinks in one occasion) (4)	▼ Never (1) ... Daily (4)
Tobacco (e.g., cigarettes or cigars) (5)	▼ Never (1) ... Daily (4)
Nicotine (e.g., vaping or e-cigarettes) (6)	▼ Never (1) ... Daily (4)
Cannabis, marijuana (includes edibles, gummies, etc.) (7)	▼ Never (1) ... Daily (4)
Cocaine (8)	▼ Never (1) ... Daily (4)
Ecstasy/MDMA (9)	▼ Never (1) ... Daily (4)
GHB/"G"/GBL (10)	▼ Never (1) ... Daily (4)
Crystal meth/Tina (11)	▼ Never (1) ... Daily (4)
Ketamine/Special K (12)	▼ Never (1) ... Daily (4)
Crack, Freebase (13)	▼ Never (1) ... Daily (4)
Tranquilizers or benzos (e.g., Valium, Xanax) (14)	▼ Never (1) ... Daily (4)
Amphetamines (e.g., speed, mephedrone) (15)	▼ Never (1) ... Daily (4)
Poppers (20)	▼ Never (1) ... Daily (4)
Psychedelics (e.g., LSD, mescaline, acid, mushrooms) (16)	▼ Never (1) ... Daily (4)
Opioids (e.g., heroin, fentanyl, Percocet, Dilaudid) (17)	▼ Never (1) ... Daily (4)
Non-medical steroids (e.g., anabolic steroids) (18)	▼ Never (1) ... Daily (4)
Other, please specify: (19)	▼ Never (1) ... Daily (4)

14.3 In the PAST 6 MONTHS, what methods have you used to consume substances?

Select all that apply.

- Inhaling, smoking (1)
 - Injection, intramuscular, intravenous (slamming) (4)
 - Oral ingestion, swallowing, or drinking (5)
 - Patches, transdermal (6)
 - Rectal ingestion (booty bump) (7)
 - Snorting and nasal ingestion (straws, hot rails) (8)
 - None of the above (9)
-

14.4 In the PAST 6 MONTHS, have you wanted/needed any of the following resources?
Select all that apply.

- Counselling for alcohol or substance use (1)
 - Needle/syringe exchange (4)
 - Harm reduction supplies (e.g. free pipes, straws) (5)
 - Drug checking services (6)
 - Supervised injection/consumption sites (7)
 - Naloxone/NARCAN kit (8)
 - Safe supply of substances (9)
 - Referrals for social supports (e.g., housing, income, food) (10)
 - None of the above (11)
-

14.5 In the PAST 6 MONTHS, which of the following resources were you able to get?
Select all that apply.

- Counselling for alcohol or substance use (1)
 - Needle/syringe exchange (20)
 - Harm reduction supplies (e.g. free pipes, straws) (21)
 - Drug checking services (22)
 - Supervised injection/consumption sites (23)
 - Naloxone/NARCAN kit (24)
 - Safe supply of substances (25)
 - Referrals for social supports (e.g., housing, income, food) (26)
 - None of the above (28)
-

14.6 Since the start of the COVID-19 pandemic, did you experience GREATER difficulty accessing any of the following? Select all that apply.

- The substances I usually use (1)
 - Counselling for alcohol or substance use (4)
 - Needle/syringe exchange (5)
 - Harm reduction supplies (e.g. free pipes, straws) (6)
 - Drug checking services (7)
 - Supervised injection/consumption sites (8)
 - Naloxone/NARCAN kit (9)
 - Safe supply of substances (10)
 - Referrals for social supports (e.g., housing, income, food) (11)
 - None of the above (12)
-

14.7 **Since the start of the COVID-19 pandemic, which of the following (related to your substance use) have increased?** Select all that apply.

- Using alone (1)
 - Using with others (4)
 - Worry about toxic supply / overdose (5)
 - Triggers for using (6)
 - Withdrawal symptoms (7)
 - None of the above (8)
-

14.8 This question asks about overdoses. We recognize that this may be upsetting or triggering. You do not need to answer. **Since the beginning of the COVID-19 pandemic, have you or your community lost someone due to unsafe/toxic drug supply or to an overdose?** Select all that apply.

- Yes, I have lost someone close to me (1)
- Yes, my community has lost someone (4)
- No (2)

End of Block: Substance use

Start of Block: Housing

15.01 This section is about your experiences with housing, your neighbourhood, and challenges during COVID-19.

15.1 How satisfied are you with your housing situation now compared to before the COVID-19 pandemic?

- Much more satisfied (1)
 - Somewhat more satisfied (8)
 - About the same (9)
 - Somewhat less satisfied (10)
 - Much less satisfied (11)
-

15.2 Since the start of the COVID-19 pandemic, have you lived in any of the following places? Select all that apply.

- Long-term care facility or nursing home (1)
 - Student residence (4)
 - Seniors residence (5)
 - Rooming or boarding house (6)
 - Hotel or motel room (7)
 - Shelter (8)
 - Public place, like a street, park or stairwell (including tent cities) (9)
 - Vehicle (10)
 - Transition house or halfway house (11)
 - Psychiatric institution or drug treatment facility, like detox or rehab (12)
 - Correctional facility, like jail or prison (13)
 - None of the above (14)
-

15.4 Who do you currently live with? Select all that apply.

- 2SLGBTQQIA+ people (1)
 - Children or youths (4)
 - My biological parent(s) (5)
 - My foster parent(s) (6)
 - My adoptive parent(s) (16)
 - My friend(s) or roommate(s) (7)
 - My romantic or sexual partner(s) (8)
 - Older people/seniors (9)
 - Other family member(s) (10)
 - People who do NOT know I am 2SLGBTQQIA+ (11)
 - People who I do not know (12)
 - Pets (13)
 - Other, please specify: (14)
-
- None of the above (15)

15.5 What housing challenges have you experienced since the start of the COVID-19 pandemic if any? Select all that apply.

- Felt unsafe because of others' COVID-19 status or safety practices (1)
 - Felt unsafe due to domestic violence, maltreatment, harassment, etc. (4)
 - Needed to move in with family or friends (5)
 - Had difficulty finding a new place to live (6)
 - Had to move because of housing costs (7)
 - Increased rent or property tax (8)
 - Skipped or delayed a rent or mortgage payment (9)
 - Borrowed money to pay rent or mortgage (10)
 - Tensions with my current landlord (11)
 - A potential landlord declined to rent to me (12)
 - A major home or facility repair was delayed or cancelled (13)
 - Received an eviction notice, notice to pay, or similar (14)
 - Was evicted/foreclosure (15)
 - Unable to find housing due to stigma or discrimination (16)
 - Other, please specify: (17)

 - None of the above (18)
-

15.6a These next few questions are about your neighbourhood, not your specific housing situation.

15.6 How satisfied are you with your neighbourhood now compared to before the COVID-19 pandemic?

- Much more satisfied (1)
 - Somewhat more satisfied (8)
 - About the same (9)
 - Somewhat less satisfied (10)
 - Much less satisfied (11)
-

15.7 Please rate your level of agreement or disagreement with the following statements.

People in my neighbourhood are more likely to get COVID-19 (1)	▼ Strongly disagree (1) ... Strongly agree (5)
The way my neighbourhood is designed makes it more likely for someone to get COVID-19 (4)	▼ Strongly disagree (1) ... Strongly agree (5)
My neighbourhood receives adequate government support to address COVID-19 (5)	▼ Strongly disagree (1) ... Strongly agree (5)

15.8 In general, how supportive do you think the community where you live is of 2SLGBTQIA+ people?

- Very supportive (1)
- Somewhat supportive (4)
- Uncertain (5)
- Somewhat unsupportive (6)
- Very unsupportive (7)

15.9 Are you willing to answer a few more questions about housing?

- Yes (1)
 - No (2)
-

15.10 Do you feel like you have sufficient knowledge of your rights related to housing?

- Yes (1)
 - No (2)
 - I don't know (3)
-

15.11 Which of the following best describes the building you are currently staying in?

- Apartment in a building that has five or more storeys (4)
 - Apartment or flat in a duplex (8)
 - Apartment in a building that has fewer than five storeys (9)
 - Single-detached house (1)
 - Semi-detached house (6)
 - Row house or town house (7)
 - Movable dwelling (e.g. mobile home) (11)
 - Other single-attached house (10)
 - Other attached dwelling (5)
 - None of the above (12)
-

15.12.1 Describe your current home (e.g. house, apartment, mobile home).

How many bedrooms in your home? (1)

How many bathrooms in your home? (2)

15.12.2 Does your home have a suitable number of bedrooms for all occupants?

Yes (1)

No (2)

15.12.3 Does your home have a suitable number of bathrooms for all occupants?

Yes (1)

No (2)

15.13 How many people live in your current household (including yourself)?

▼ 0 (1) ... 10+ (11)

15.14 Which of the following best describes your current housing situation?

I own a place, and pay a mortgage (1)

I own a place, and have no mortgage (4)

I rent a place, and pay a landlord (5)

I live without having to pay rent or a mortgage (6)

None of the above (7)

15.15 **Do you spend more than 30% of your monthly income on housing?** You can calculate 30% by multiplying your monthly income by 0.3.

- Yes (1)
 - No (2)
 - Unsure (3)
-

15.16 **Please rate your level of agreement or disagreement with the following statements about your neighbourhood or the local area where you live.**

Contains enough recreational facilities (e.g., play equipment, hard court, grass fields). (1)	▼ Strongly disagree (1) ... Strongly agree (4)
Provides places for sitting, picnic table, litter bins, signs and lighting at night. (4)	▼ Strongly disagree (1) ... Strongly agree (4)
Has good natural features such as grass, trees and flower beds (5)	▼ Strongly disagree (1) ... Strongly agree (4)
Greenspaces are easily accessed, there are many access points and enough walking paths, and roads around are not busy (6)	▼ Strongly disagree (1) ... Strongly agree (4)

15.17 **Do you have any specific examples you wish to share of the ways in which COVID-19 has impacted your health due to housing-related issues?**

15.18 **Do you have any specific examples you wish to share of the ways in which housing issues have impacted your level of social connectedness or level of social isolation?**

15.19 Do you have any examples you wish to share of the ways in which COVID-19 related housing issues have impacted your human rights?

15.20 Do you have any additional comments you would like to add about the ways in which COVID-19 has impacted your housing experiences?

End of Block: Housing

Start of Block: Feasibility

4.01 We would love your opinion! This section is about future directions of our community-based research, which could include asking you to provide biological samples from or measurements of your body, or asking for your permission to access certain parts of your health records. We understand and recognize that asking for this can be challenging or harmful. You can skip any

question. We want to understand how 2SLGBTQQIA+ community members feel about this kind of data collection and analysis before we plan for any future research.

4.1 Would you be willing to provide the following for a community-based research study?

For biological samples, this would involve a small amount being collected and then shared with our research team to be analyzed in a way that you have consented to. For physical measurements, this would involve you taking a measurement and sharing it with our research team to be analyzed in a way that you have consented to. **We are not asking you to do this as part of today's study.**

A few blood drops (from a fingerprick) (1)	▼ No (1) ... Yes (3)
A blood sample drawn from a needle (4)	▼ No (1) ... Yes (3)
Several thin strands of hair (e.g., 30–50) at least 3 cm in length, cut close to your scalp (5)	▼ No (1) ... Yes (3)
Several fingernail clippings (6)	▼ No (1) ... Yes (3)
Saliva (spit in a tube) (7)	▼ No (1) ... Yes (3)
Oral swab (8)	▼ No (1) ... Yes (3)
Self-measurement of your weight (9)	▼ No (1) ... Yes (3)
Self-measurement of your waist circumference (10)	▼ No (1) ... Yes (3)

4.2 Why would you be willing or not? Is there additional information that you would want or need in order to make this decision?

4.3 What would you want to happen to the samples after they have been used for analysis?

- Disposed of (1)
 - Returned to me (4)
 - Kept for future research (5)
 - Unsure (6)
-

4.4 How would you feel if a grouped report of the results was shared with government agencies interested in health research? This would be anonymous and would not include your individual samples or data.

- I would be strongly supportive (1)
 - I would be somewhat supportive (4)
 - I would be neither supportive or unsupportive (5)
 - I would be somewhat unsupportive (6)
 - I would be strongly unsupportive (7)
-

4.02 Right now, we as 2SLGBTQQIA+ people are invisible within most government data. Linking surveys and government data will help us evaluate current health services and inform plans for future health services.

Q89 Would you be willing to provide the following for a community-based research study? To understand changes in your health care service usage or differences in your health over time, this would involve collecting some personal information and asking permission to access certain parts of your provincial/territorial health records. This would never be reported on individually, only used to look at groups of people.

Full Legal Name (1)	▼ No (1) ... Yes (3)
Date of Birth (day, month, year) (4)	▼ No (1) ... Yes (3)
Individual provincial/territorial/federal health number (on government-issued card) (5)	▼ No (1) ... Yes (3)

5.6 Would you be willing to allow us to access the following? There are a variety of health records that would be useful to access for research, and we would want to look at them going at least 5 years back and 5 years in the future.

Reasons for doctor's visits (1)	▼ No (1) ... Yes (3)
Medication prescriptions (4)	▼ No (1) ... Yes (3)
Number, length of and reason for emergency room visits (5)	▼ No (1) ... Yes (3)
Number, length of and reason for hospital stays (6)	▼ No (1) ... Yes (3)

5.7 Why would you be willing or not? Is there additional information that you would want or need in order to make this decision?

5.8 What other concerns do you have about any of these proposed processes?

End of Block: Feasibility

Start of Block: Wrap up

Q230 Thank you for completing our survey! Before you go, we have a few questions about your honorarium for participating and your interest in future CBRC studies.

Q267 Please complete the check before continuing

Q231 **How would you like to receive your \$10 for completing the survey?** Choose one of the following: Honoraria will be processed within 30 business days (approximately 6 weeks). E-transfers by email will be sent from Community-Based Research Centre through the accounting software Plooto, e-transfers by text will be sent from Nathan Lachowsky, and cheques will be sent from the University of Victoria.

- By Interac e-transfer via TEXT MESSAGE using the phone number provided below (1)
 - By Interac e-transfer via E-MAIL using the email name and address provided below (note: the password will be "2022") (4)
 - By cheque using the NAME AND ADDRESS from my shipping information provided below (5)
-

Q232 If you would like to receive an e-transfer, please provide your first name AND phone number. Although a name is required, you may choose to provide us with your everyday name, legal name, chosen name, or a fake name to further protect your privacy. This information will not be used for any other purpose or shared for any other reason.

- Name: (1) _____
 - Canadian Phone Number: (4)

-

Q272 If you would like to receive an e-transfer, please provide your first name AND email address. Although a name is required, you may choose to provide us with your everyday name,

legal name, chosen name, or a fake name to further protect your privacy. This information will not be used for any other purpose or shared for any other reason.

Name: (1) _____

Email: (5) _____

Q233 If you requested a cheque, please provide your full address and legal name that your bank will recognize. This information will not be used for any other purpose or shared for any other reason.

Full Name: (1) _____

Street Address: (4) _____

City: (5) _____

Province/Territory: (6) _____

Postal Code: (7) _____

Q234 Would you like to sign up for the Community-Based Research Centre mailing list?

By clicking "Yes," you consent to receiving periodic updates from the Community-Based Research Centre, including notification of findings from this survey. Don't worry, you can unsubscribe at any time. You can also check out CBRC's [privacy policy](#) for more information on how your contact data is used.

Yes, please sign me up for the CBRC mailing list! (1)

No thanks (4)

Q235 Would you like to be recontacted about future studies? If you would like, you can also choose to have your contact information used to recontact you about future 2SLGBTQQIA+ health studies at CBRC. This is completely optional.

Yes (1)

No (2)

Q236 If you selected “yes” to one or both of the above, please provide your name and email address you would like to receive emails in. We will solely use this contact information for the purposes outlined above.

Name (1) _____

Email (2) _____

Q250 This is our final question. Do you have any feedback on the survey or want to add anything further to what you have shared?

End of Block: Wrap up
