

# OurHealth - 2023

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Start of Block: Consent

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**For the staff/volunteer: Please enter site name**

- Calgary Pop Up
- Edmonton Pop Up
- Edmonton Pride
- Fête Arc-en-ciel de Québec
- Fierté Capitale Pride
- Fierté Chaleur Pride
- Fierté Fredericton Pride - Garrison Night Market
- Fierté Montréal
- Fierté Sherbrooke Pride
- Fierté Sudbury Pride
- Halifax Pride Parade
- International 2S Gathering
- Manitoba Pop Up
- Mingle (Poz-TO)
- New West Pride
- Pride PEI
- Pride Toronto
- Red Deer Pop Up
- Regina Pride
- Saint John Pride Market
- Saint John Area 506

- Saskatchewan Pop Up
- Saskatoon Pride
- Steinbach Pride
- St. John's Community Dinner
- Vancouver Pride
- Victoria Pride
- Winnipeg Pride
- Planet Pride
- HFX Pride Cup & Community Skate
- PEI Witch Market Pride Edition
- Pride PEI - Poetry slam
- Pride PEI - Cabaret for change
- Pride PEI - Charlottetown Pride Market
- Pride PEI - Pride after dark
- Chronic Erotic - Halifax
- Fitness is Such a Drag
- Queer Community Care Day (Calgary Pop-up)
- Non-Event Recruitment

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**Study Consent Form Invitation to be part of the study** This study is being done by Community-Based Research Centre, the University of Victoria, Egale, the Enchanté Network, and 2 Spirits in Motion. The study is called the Our Health: Canada-Wide 2S/LGBTQQIA+ Community Study and is for Two-Spirit, Indigiqueer, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, and other sexually and gender diverse people (2S/LGBTQQIA+)

in Canada. You are invited to be in this study. The Principal Investigator for this study is Dr. Nathan Lachowsky (a gay, white, cisgender man) who is an Associate Professor at the University of Victoria and Research Director for Community-Based Research Centre (nlachowsky@uvic.ca, 250-472-5739). Funding for the study was provided by the Public Health Agency of Canada.

**What is the study about?** The purpose of the survey is to learn more about the health of 2S/LGBTQQIA+ people. Topics include chronic health, mental health, access to health services, sexual and reproductive health, experiences of violence and discrimination, and community connection. There is an optional screening component of the study that you can participate in. You can choose to screen for HIV, hepatitis C, and/or syphilis.

**What will I be asked to do?** If you agree to participate, the study team will ask you to complete a questionnaire on a tablet or on your own device. It will take about 15 minutes to complete. At the end of the survey, you will be asked if you would like to participate in optional dried blood spot testing (and you can determine whether to screen for HIV, hepatitis C, and/or syphilis). If you agree to participate in the optional blood screening component, you will be asked to provide a blood sample via fingerprick. You can request us to screen your sample for HIV, hepatitis C, and/or syphilis and we will provide you with the results. We will NOT conduct these tests 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. We will provide you with a test kit and detailed instructions at the community venue (e.g., Pride event, community centre, bar) where you are completing the survey. You can choose to either collect the sample yourself or request to have a team member assist you. Altogether, it will take about 5 minutes to provide a sample. If you decide you want the results of your HIV, hepatitis C, and/or syphilis tests, these will be returned electronically to the email address or phone number you provide.

**Are there any risks involved in the study?** You may be visible to other people while completing the survey, which may make others aware that you are eligible for the study. If this is a concern for you, you may choose not to participate. Additionally, you may know some of the people involved in recruitment for this study. If this is the case, you are under no obligation to participate, and choosing not to participate will not impact future access to or use of services at these or other organizations. We know that answering personal questions (such as those about substance use, violence and discrimination, or barriers to accessing care or support) can be difficult and may upset or distress you. If you are upset by any question or feel uncomfortable at any time, please tell the study team. If you like, they can help you get support and refer you to an outreach worker or counsellor. If needed, we can also provide you with a list of 2S/LGBTQQIA+ support resources which you can access. This includes a number of 24/7 crisis lines that can be reached at any time and who have been notified about this study. If you choose to participate, there is a risk of COVID-19 transmission for in-person research activities. To minimize this risk, all study staff will self-screen for COVID-19 symptoms before engaging in any in-person activities. Hand sanitizer and sanitizing wipes will also be available. If you wish to further reduce the risk of COVID-19 transmission, you may wish to wear a face mask (we can provide one upon request) and practice physical distancing during your participation. We will also notify participants of any potential COVID-19 exposure incidents on CBRC's social media channels. 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. If you have any questions, please ask a member of the research team. In rare cases, some people faint after pricking their finger. If you have had issues with needles or giving blood in the past, consider having another person support you while you collect your sample. Or, do not do this portion of the study if fainting is a concern. If you would like to receive your HIV, hepatitis C, and/or syphilis test results, we will provide them for your information only. Please note that it will take approximately 3 months to receive your HIV, hepatitis C, and/or syphilis results. Receiving a reactive (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. Our study team will support returning all new positive HIV, hepatitis C, and syphilis screening results, help with referrals to follow-up testing and care, and are available to answer questions about your test results via email or phone and help you connect with a healthcare provider, if needed. To further protect the confidentiality of your results, email scripts will not refer to your HIV, hepatitis C, and syphilis statuses (e.g., positive or negative) but will rather state whether your results “match” what you told us in the survey. All new reactive (positive) HIV, hepatitis C, and syphilis results will be returned by phone. **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. 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 (e.g., for other chronic health conditions). As part of this study, your blood sample will be in the possession of our study team during sample collection, Canada Post during shipment, and the National Microbiology Laboratory for testing and storage. If you agree to allow future testing of your sample, 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, nor will any genetic testing ever be conducted on it. **What are the benefits?** By participating, you are helping to generate data which will help to improve the health and well-being of 2S/LGBTQQIA+ people by providing researchers and community organizations with the information they need to make things better. You’ll also get to access findings from the study online for free next year through Community-Based Research Centre’s website ([www.cbrc.net](http://www.cbrc.net)). You can choose to receive the results of your HIV, hepatitis C, and/or syphilis screening. The results of these tests are considered preliminary and are not a substitute for testing through a healthcare provider. **Is there any compensation for participating?** To thank you for participating, we will give you \$10 cash for completing the survey. You will receive the honoraria even if you decide to stop early. **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. This is especially the case if you decide to complete the survey on your personal device (e.g., your phone), since you may be using applications that track your data. If you are worried about this, please complete the survey on one of our study devices. We are taking precautions to minimize this risk. The information you provide in the survey will be treated according to privacy laws including the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). All data will be stored in the encrypted Qualtrics application on study iPads and subsequently uploaded to encrypted Qualtrics servers once connected to the internet (or uploaded directly to encrypted Qualtrics servers if you use your own device) 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. No data will 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. For the optional testing component, 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. 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.

**Who are you sharing data and findings with?** The information that you provide (which does not include your name or any contact information) will be shared with the research team at Community-Based Research Centre and the University of Victoria. The data collected may be shared with other researchers who are interested in the health of 2S/LGBTQQIA+ people at a later date. This is a required component of the study and your consent to participate includes this future use of your data. 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. The information will be used to write reports, provide statistical information and to prepare presentations. You will not be identified in any way as these reports and other public documents will always refer to groups of people, never to one person. We will share anonymized (i.e., no personal identifiers) and aggregate data in reports to our funder, the Public Health Agency of Canada.

**Voluntary Participation** This study is completely voluntary. If you decide not to do it, it won't affect how you are treated by any health, community or social agencies. If you take part in the study, you can stop at any time and you will not lose anything. You don't have to answer questions you don't want to answer. If you decide to stop doing the survey while completing it, you can let the study team know if you wish to withdraw your responses from the study.

**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 ask an in-person study team member or contact our study team toll-free at 1-844-900-2279 or by email at [ourhealth@cbrc.net](mailto:ourhealth@cbrc.net). You can also review a copy of this consent form at any time by going to the Our Health page of the CBRC website ([https://www.cbrc.net/our\\_health](https://www.cbrc.net/our_health)).

**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 or [ethics@uvic.ca](mailto:ethics@uvic.ca)).

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

Yes

No

End of Block: Consent

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Start of Block: Sociodemographics and Eligibility

**Do you currently live in...?**

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland & Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon
- I don't live in Canada

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

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**Do you identify as a 2S/LGBTQQIA+ person? That is, a Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, or any other non-heterosexual or non-cisgender person?**

Yes

No

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**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

No

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**Are you Two-Spirit?**

I am Two-Spirit

I am not Two-Spirit

Unsure

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

First Nations

Métis

Inuk/Inuit

I prefer to self-describe as:

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

- Yes
- No
- Not applicable
- I don't know

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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. **How do you identify your race and ethnicity?** Select all that apply. We asked about Indigenous identity earlier.

- Black
- East/Southeast Asian
- Latina, Latino, Latinx, Latine (including Mexican descent)
- Middle Eastern, Arab or West Asian
- South Asian
- White
- Other, please specify:  

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- None of the above

We use the term “racialized persons” to acknowledge the social impact of racism and racialization in Canada. Sometimes people use terms like “people of colour” or “BIPOC” or “visible minorities” to mean the same thing. **Do you identify as a racialized person?**

Yes

No

Unsure

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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.

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**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
  - Genderfluid
  - Genderqueer
  - Man
  - Non-binary
  - Transfeminine
  - Transmasculine
  - Trans man
  - Trans woman
  - Woman
  - I prefer to self-describe as:
-

**Are you trans?**

Yes

No

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**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

No

Unsure

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

- Asexual
  - Bisexual
  - Demisexual
  - Gay
  - Heteroflexible
  - Homoflexible
  - Lesbian
  - Pansexual
  - Queer
  - Questioning
  - Straight
  - I prefer to self-describe as:
- 

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**Do you identify as a person with a disability?**

- Yes
  - No
  - Unsure
-

**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). If you do not have a postal code or do not wish to share, press the next arrow at the bottom of the screen

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**Were you born in Canada?**

- Yes
- No
- Unsure

We acknowledge that questions around immigration status often result in barriers to access or denial of services, especially for people 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. **What is your current immigration status?** Select all that apply.

- A Canadian citizen
- An international student (study permit)
- A landed immigrant/permanent resident
- A refugee or asylum seeker
- A temporary foreign worker (work permit)
- Non-status (undocumented person, irregular migrant)
- Other
- None of the above

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

- Elementary school
  - High school or equivalent
  - Post-secondary school (e.g. certificate, diploma, CEGEP)
  - Bachelor's degree
  - Above a bachelor's degree (e.g. masters, doctorate, post-doctorate)
- 

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

- Looking for work
  - Not looking for work
  - On government assistance
  - Receiving income informally (working under the table)
  - Retired
  - Self-employed
  - Student
  - Unable to work
  - Work full-time (30+ hours a week)
  - Work part-time (less than 30 hours a week)
  - None of the above
-

**How would you describe your money situation right now?**

- Comfortable, with extra money
  - Enough, but no extra money
  - Have to cut back on expenses
  - Cannot make ends meet
- 

**Do you spend more than 30% of your monthly income (after tax) on housing?** This would include costs like rent, mortgage, heat, water, electricity, property taxes. You can calculate 30% by multiplying your monthly income by 0.3.

- Yes
  - No
  - Unsure
- 

**What is your first language?**

- English
  - French
  - Spanish
  - Another language: \_\_\_\_\_
-

**How satisfied are you with your housing situation over the past 12 months?**

- Very satisfied
  - Somewhat satisfied
  - Neither satisfied or dissatisfied
  - Somewhat dissatisfied
  - Very dissatisfied
-

**In the past 12 months, what types of places have you lived in?** Select all that apply.

- An apartment, condo, or house
  - Correctional facility, like jail or prison
  - Drug treatment facility, like detox or rehab
  - Hotel or motel room
  - Psychiatric institution
  - Public place, like a street, park, or stairwell (including in a tent)
  - Rooming or boarding house
  - Shelter or hostel
  - Transition house or halfway house
  - Vehicle
  - Other, please specify:  

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  - None of the above
-

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

- I live by myself
  - My parent(s) or caregiver(s)
  - My friend(s)
  - My romantic or sexual partner(s)
  - Roommate(s)
  - 2S/LGBTQQIA+ people
  - Older people/seniors
  - Children or youths
  - Other family member(s)
  - People who do NOT know I am 2S/LGBTQQIA+
  - Pets
  - Other, please specify:
-

**What housing challenges have you experienced in the last 12 MONTHS, if any?** Select all that apply.

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

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None of the above

**Thank you for your interest in the Canada-Wide 2SLGBTQIA+ 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: Sociodemographics and Eligibility

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#### Start of Block: Chronic Health

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, long COVID, 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.

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

- Yes
  - No
  - Unsure
-

**Which body systems do your chronic health conditions affect?** Select all that apply

- Allergic
  - Blood (Hematologic)
  - Brain and nervous system (Neurological)
  - Eyes
  - Ears
  - Nose, throat, mouth
  - Stomach, intestines, and anus (Gastrointestinal)
  - Heart (Cardiovascular)
  - Hormones (Endocrine)
  - Immune
  - Lungs (Respiratory)
  - Lymph
  - Muscles and bones (Musculoskeletal)
  - Mental health (psychiatric)
  - Skin, hair, nails, glands
  - Other, please specify:
- 
- None of the above

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**Have you experienced barriers in getting a diagnosis for your chronic health condition(s)?** For example, difficulty getting access to a healthcare provider, difficulty getting referrals, lack of health care coverage, discrimination, etc.

Yes

No

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**How do you manage the costs of your aids or medications?** Select all that apply. Please include coverage that is under your name or your spouse/caregiver/parent.

I have provincial or territorial coverage

I have federal coverage (e.g. NIHB, IFHP, CFHS)

I have private health insurance coverage (e.g. through employer)

I pay completely out of pocket (not including an insurance deductible)

I get support for the costs through family, friends or loved ones

I rely on free samples from health care providers

Other, please specify:

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None of the above

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**Overall, what types of care do you use to manage your chronic health condition(s)?**

Select all that apply.

- Alternative health care supports
  - Direct care from a personal support worker or healthcare assistant
  - Community supports (e.g. support groups, wellness activities)
  - Complementary health care support (e.g. physiotherapy, chiroprody)
  - Direct care from individuals in your life, such as friends, family
  - Elders
  - Mental health care support (e.g. therapist, social worker)
  - A physician or nurse practitioner that you see regularly
  - Self-managed care (e.g. self-medicating, finding your own resources)
  - Specialist health care (e.g. endocrinologist, rheumatologist)
  - Telephone health line/Virtual health apps
  - Other, please specify:  

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  - None of the above
-

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

- Assistive devices and pain relief aids (e.g. CPAP machine, heating pads, compression garments)
- Cannabis, including CBD oil
- Cognitive aids
- Lifestyle changes (e.g. diet, exercise, wellness activities)
- Physical aids (e.g. modifications to home, mobility devices)
- Hearing aids
- Herbal medications/vitamins and supplements
- New/exploratory/experimental treatments including those in clinical trials
- Over the counter medications
- Prescribed medications
- Substances (e.g. psychedelics, MDMS)
- Support animals
- Traditional medicines
- Visual aids (e.g. glasses)
- Other, please specify:

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None of the above

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

- I currently have cancer
- I previously had cancer / I am a cancer survivor
- None of the above

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**What type of cancer were you diagnosed with?** Select all that apply.

- Breast
- Cervical
- Colorectal
- Lung
- Ovarian
- Prostate
- Skin - Melanoma
- Skin - Non-melanoma
- Testicular
- Uterine
- Other, please specify:  
\_\_\_\_\_
- None of the above

We are interested in understanding your experiences of some common chronic health conditions in 2S/LGBTQQIA+ communities. **Has a healthcare provider diagnosed you with any of the following?** Select all that apply.

- Type 1 Diabetes
- Type 2 Diabetes
- Latent Autoimmune Diabetes in Adults (LADA)
- Gestational Diabetes
- Pre-Diabetes
- Diabetes - but unsure which one
- None of the above

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**Did/do any of your biological grandparents, parents, siblings or children have Type 2 Diabetes?**

- Yes
- No
- Unsure

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**Are you currently taking medications to control your diabetes?**

- Yes
- No

**Has a healthcare provider ever told you that you have high blood pressure (hypertension)?** We mean greater than 140/90.

- Yes
  - No
  - Unsure
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**Has a healthcare provider ever told you that you have high cholesterol (dyslipidemia)?**

- Yes
  - No
  - Unsure
-

**You may have a chronic health condition that we have not specifically asked about. Please tell us what it is:**

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**On average, how many hours do you sleep at night?**

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**How would you rate your sleep quality?**

- Excellent
- Good
- Fair
- Poor

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**On average, how much exercise do you get PER WEEK?** Exercise in this case would be moderate to vigorous activity where your heart rate is increased.

- Less than 60 minutes a week
- 60-150 minutes a week
- More than 150 minutes a week

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**How often are you able to consume fruits and vegetables, protein sources, and whole grains?**

- Often
- Sometimes
- Rarely
- Never

Start of Block: COVID

This section is about your experiences with COVID-19.

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**Do you think you have EVER had COVID-19?** This can be based on positive COVID-19 tests, tracking symptoms, being alerted by public health, etc.

- Yes
  - No
  - Unsure
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**How many times have you EVER had COVID-19?**

- Zero
  - One
  - Two
  - Three or more times
  - Unsure
- 

**Do you have long COVID or post-COVID condition?** Health Canada describes Long COVID as when symptoms of COVID-19 persist for more than 12 weeks after the infection.

- Yes
  - No
  - Unsure
-

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

- Blood clots
- Brain fog, memory, or concentration problems
- Changes in menstrual period cycle
- Chest pain
- Cough
- Depression or anxiety
- Diarrhea or stomach pain
- Difficulty breathing
- Dizziness when you stand
- Fast or pounding heartbeat
- Fatigue
- Fever
- Guillain-Barré syndrome
- Headache
- Joint pain
- Loss of smell or taste
- Nausea
- Organ damage

- Sleep disturbances
- Stroke
- Worsened symptoms after physical or mental activities
- None of the above

End of Block: COVID

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Start of Block: Health Services

This section is about health services, which includes community, social services and health care services.

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**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
  - Naturopath or holistic care provider
  - Nurse practitioner
  - Telephone health service (e.g., Telehealth Ontario, Info-Santé, etc.)
  - Virtual health apps (e.g., Telus Health, etc.)
  - Walk-in clinic
  - Other, please specify:
- 
- I don't receive primary health care anywhere
-

**Over the past 12 months, which of the following services have you accessed or used?**  
Select all that apply.

- Alternative therapies (e.g. acupuncture, osteopathy, naturopath, Traditional Chinese Medicine)
  - Dental care
  - Emergency Room
  - Fertility services
  - Foot care
  - Gender-affirming care
  - Gender-affirming surgery
  - Harm reduction services
  - Medical testing (e.g. blood work, X-ray, CT scan, MRI, colonoscopy, biopsy)
  - Personal Support Workers (PSWs) at your home
  - Physical therapies (e.g. physiotherapy, massage, chiropractic treatments, occupational therapy, rehabilitative care)
  - Primary care (e.g. from a doctor or nurse practitioner)
  - Professional nursing care at home (e.g. injections, catheter or colostomy care, wound care, or tube feeding)
  - Regular surgery (excluding gender-affirming surgery)
  - None of the above
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**In the past 12 months, did you experience any of the following challenges when trying to access health care services?** Select all that apply.

- Difficulty getting a referral
  - Difficulty getting an appointment
  - Difficulty contacting a physician, nurse practitioner, or nurse to get information or advice
  - Long wait-times for an appointment
  - Unable to receive services because I was exposed to or experiencing symptoms of COVID-19
  - Inaccessibility of health care locations (physical barriers)
  - Transportation challenges (getting to/from health care locations)
  - Language challenges (translation or interpretation)
  - Cost challenges
  - Difficulty getting a gender-affirming or sexual orientation-affirming healthcare provider
  - None of the above
-

**Over the past 12 months, which of the following community and support services have you visited or used? Select all that apply.**

- Community or cultural centres
  - Crisis centres or crisis lines
  - Food banks, soup kitchens
  - Free clothing services
  - Friendship centres
  - Individualized support services (e.g Meals on Wheels, friendly visitors)
  - Legal aid or community legal clinics
  - Religious, spiritual, ceremonial, or other faith-based services
  - Settlement organizations
  - Sexual assault support centres
  - Shelters or transition homes
  - Support groups or support lines
  - Victim services or witness assistance programs
  - None of the above
-

**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
- No
- Not applicable

**End of Block: Health Services**

---

**Start of Block: Mental Health**

The next questions are about your mental health and wellbeing.

---

**In general, how would you describe your current mental health?**

- Excellent
  - Very good
  - Good
  - Fair
  - Poor
-

**Over the last 12 months, have you wanted help for any of the following issues? Select all that apply.**

- Anxiety
- Body image
- Burnout
- Depression
- Eating disorder(s)
- Gender dysphoria
- Grief/Loss
- Navigating sexual orientation and identity
- Psychosis, hallucinations, delusions, or paranoia
- Relationship problems
- Self-harm
- Substance use
- Suicidal thoughts
- Trauma
- Other, please specify:

---

None of the above

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

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Who provides you with mental health support or is a source of strength for you?** Select all that apply.

- 2S/LGBTQQIA+ people
- Counsellor, therapist, psychologist, or mental health professional
- Elder or Knowledge Keeper
- Family (including chosen family)
- Friends
- Neighbourhood or local community
- Pet(s)
- Race-based or cultural community
- Religious, spiritual, ceremonial, or faith community
- Sexual or romantic partner(s)
- Social media/online community
- Other, please specify:

---

None of the above

**How satisfied are you with your connection to 2S/LGBTQQIA+ communities?**

- Very satisfied
- Somewhat satisfied
- Neither satisfied or dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

**End of Block: Mental Health**

---

**Start of Block: Sexual and Reproductive Health**

The next questions are about your sexual and reproductive health and wellness.

---

**In general, how would you describe your current sex life?**

- Excellent
  - Very good
  - Good
  - Fair
  - Poor
  - Not applicable
-

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

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

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

- Anal swab
  - Blood sample
  - Cervical swab
  - Genital swab
  - Pelvic exam
  - Rapid test device (result shared within minutes)
  - Throat swab
  - Urine test
  - None of the above
-

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

- Yes
- No
- Unsure
- 

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

- Yes
- No
- 

**During the last 12 months, have you experienced any of the following related to menstruation? Select all that apply.**

- Bleeding between menstruation
- Endometriosis
- Heavy menstruation
- Lower back pain
- Painful menstruation
- Pelvic pain/cramping
- PMS and/or PMDD (premenstrual dysphoric disorder)
- Other, please specify: \_\_\_\_\_
- 
- None of the above
-

**Do you have or have you had a cervix?**

Yes

No

---

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

Yes

No

Unsure

Not applicable

---

**Have you EVER been diagnosed with HIV?** 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)
  - No (I have never been diagnosed with HIV)
  - I prefer not to answer
- 

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

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

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

- Yes
  - No
  - Unsure
  - I prefer not to answer
-

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

- Yes
- No
- Unsure
- I prefer not to answer

**End of Block: Sexual and Reproductive Health**

---

**Start of Block: Discrimination**

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 (skip)
  - No (answer these questions)
-

**In the past year, have you experienced discrimination or unfair treatment based on any of the following? Select all that apply.**

- My Indigenous identity
- My accent
- My age
- My chronic health condition(s)
- My disability
- My ethnicity or culture
- My gender identity or expression
- My immigration status
- My language
- My race or skin colour
- My religion, faith, ceremonies, or spiritual beliefs
- My self-expression (e.g. hair style or colour, jewelry, piercings, tattoos, etc.)
- My sex (i.e. assigned at birth)
- My sexual orientation
- My socioeconomic status
- My weight or height
- Where I live or my neighbourhood

Other, please specify:

---

None of the above

---

**In what types of situations did you experience discrimination or were you treated unfairly by others in Canada?** Select all that apply.

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

---

**In the past 12 months, has a romantic partner, significant other, or regular sex partner done the following?** Select all that apply.

- Controlled or restricted my access to money
- Controlled or restricted my movements outside of the house
- Forced unwanted sex or sexually abused me
- Hit, kicked, slapped, or physically abused me
- Insulted or verbally abused me
- Manipulated me or used my emotions against me
- None of the above

End of Block: Discrimination

---

Start of Block: Substance use

The section will ask about the substances that you have used.

---

**Have you used the following substances in the PAST 6 MONTHS?** We are NOT asking about those prescribed and used as intended.

	Never	Once in a while, not every week	Regularly at least once a week	Daily
Alcohol (less than 5 drinks in one occasion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (5+ drinks in one occasion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine/Speed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis, marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack, Freebase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal meth/Tina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy/MDMA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erection drugs (Viagra, Cialis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB/"G"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine/Special K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine (vaping or e-cigarettes but not cigarettes or cigars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-medical steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids, including those not used as prescribed (Heroin, Fentanyl, Percocet,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dilaudid)

Poppers/amyl

Psychedelics (LSD,  
mescaline, acid,  
mushrooms)

Tobacco (cigarettes  
or cigars), excluding  
for ceremonial use

Tranquilizers or  
benzos (Valium,  
Xanax)

Used another  
substance not listed



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

- Counselling for alcohol or substance use
- Counselling and materials for smoking cessation
- Drug checking/testing services
- Harm reduction supplies (e.g. free pipes, straws)
- Naloxone/NARCAN kit
- Needle/syringe exchange
- Referrals for social supports (e.g., housing, income, food)
- Safe supply of substances
- Supervised injection/consumption sites
- None of the above

End of Block: Substance use

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Start of Block: DBS

You've reached the end of the Our Health 2023 questionnaire! Thank you for your responses. This optional section is about the dried blood spot (DBS) testing portion of the study.

---

**Would you like to participate in the optional dried blood spot testing portion of this study to test for HIV, hepatitis C, and/or syphilis?** If you say yes, you will be provided with additional instructions, asked to prick your finger, and collect a few drops of blood.

Yes

No

---

**What would you like to have your sample screened for?** We will only conduct tests if you request them. Select all that apply.

HIV

Hepatitis C

Syphilis

---

**Would you like to receive your test results?** Results will be returned electronically using the email address or telephone number entered below.

Yes

No

---

**Please complete the required field below.** This information will not be used for any other purpose or shared for any other reason.

Email \_\_\_\_\_

Telephone \_\_\_\_\_

---

**Can we keep your sample for future testing, or would you like us to destroy it after testing?**

- Please KEEP MY SAMPLE for future testing, and I consent to transferring ownership of my sample to the study team
  - Please DESTROY MY SAMPLE after testing for this study is complete
  - Please RETURN MY SAMPLE TO ME after testing for this study is complete
- 

**If future testing is done (e.g. for chronic health conditions), can we contact you to ask if you would like your results?**

- Yes
  - No
- 

**Please complete the required field below.** This information will not be used for any other purpose or shared for any other reason.

- Email \_\_\_\_\_
  - Telephone \_\_\_\_\_
- 

**Please provide a valid mailing address to allow our research team to send your sample back to you after testing for this study is complete.**

- Full Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_
- Province/Territory: \_\_\_\_\_
- Postal Code: \_\_\_\_\_

End of Block: DBS

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Start of Block: wrap up

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

---

**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 2S/LGBTQQIA+ health studies at CBRC. This is completely optional.

- Yes
- No

**Would you like to sign up for Community-Based Research Centre's 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 CBRC's mailing list!
- No thanks

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: \_\_\_\_\_
- Email \_\_\_\_\_

**Stop!**

Please click next and show this screen to a volunteer before continuing.

**Stop Participant Opted into DBS!**

Pick up DBS kit and enter ID below

---

For staff/volunteer #1 - enter DBS kit #

---

---

For staff/volunteer #2 (different from #1) - enter DBS kit # again

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As a small thank you, we are providing a \$10 cash honorarium for completion of the study.  
**Please fill out the information below, click next and show the final screen to the study team.** First Name (an alias is okay!)

---

---

**Please sign here**

---

**For the staff/volunteer: Please enter completion code**

---

---

**For the staff/volunteer: Please enter your initials**

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End of Block: wrap up

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