

From: [REDACTED] (she/her)
To: [REDACTED]
Subject: Youth Survey Now Open
Date: Monday, February 20, 2023 8:02:16 AM
Attachments: [image001.png](#)
[GHRP Youth Survey Flyer.pdf](#)

Warning: This email originated from outside TPS. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi [REDACTED],

The youth survey is OPEN! Would you be willing to pass the info along to the same TPS folks you told about the focus group? Below is a more formal message, you can cut and paste, forward along, write your own message – whatever you prefer. Thanks for your help!!

[REDACTED]

The MultiCare [Gender Health Research Program](#) is conducting a confidential, online survey for trans and gender-expansive young people, ages 14-24. It asks about perspectives and experiences related to gender affirming healthcare. We expect it will take 5-10 minutes to complete, the entire process is online (it'll work on a phone, tablet, or computer), and at the end we offer a \$20 e-gift card to Fred Meyer or Amazon.

Please do not post anything about this online, especially on social media. We have learned that bots and bad actors specifically target queer research efforts to sabotage the work and/or take the financial incentive. We have several data quality/safety measures built in, but I'd like to do everything we can to ensure that real and eligible humans are participating.

Eligible youth can access the survey using the link or QR code below! Email ghrp@multicare.org with questions.

<https://redcap.link/GenderYouth>



Gender Health Research Program Youth Survey

Thank you for completing this survey!

Your responses will help us better understand gender diverse young people's experiences and opinions related to gender affirming medical care. ***This survey is confidential.*** The survey will probably take you fewer than 15 minutes to complete. By completing the survey, you are agreeing to having your response analyzed along with all other responses for research purposes.

At the end of the survey, you can provide an email address for us to send you a \$20 e-gift card to thank you for your time and for sharing your opinions. If you do not provide an email address you can still complete the survey, but we will not have a way to send you a gift card.

For the questions below, please select the response that feels most true for you.

If a question does not apply to you, please skip it.

I know where to find good information about gender affirming care.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My gender affirming care provider respects who I am.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My primary care provider respects who I am.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I trust my gender affirming care provider.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I trust my primary care provider.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I have had to teach my healthcare providers about gender affirming care.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I know/knew how to navigate the transition into adult gender affirming healthcare.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My healthcare providers have an immense amount of power over my life.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Which of the following barriers have you experienced in trying to access gender-affirming medical care?

Select all that apply.

Not being able to access care until age 18

My parents/caregivers not believing or taking my gender identity seriously

My primary care provider not believing or taking my gender identity seriously

My primary care provider not putting in a referral for gender affirming care

My primary care provider not knowing enough about gender affirming care

My insurance not covering gender affirming care

Not being able to afford gender affirming care

Not being able to find good information about gender affirming care

Not being sure about my gender affirming goals

Not feeling safe accessing gender affirming care

Not having a clinic that provides gender affirming care where I live(d)

Long clinic wait-lists

Not being sure if gender affirming care is/was the right decision for me

Difficulty finding an adult gender affirming care provider

Have you experienced other barriers that are not described in list above?

Have you experienced healthcare discrimination, microaggressions, and/or barriers that are related to any of the following?

Select all that apply.

My racial/ethnic identity

My age

My or my family's income level

Being on the autism spectrum or neurodivergent

The neighborhood I live in

Housing status or being unhoused

My body size

Having a disability

My sexual identity

My gender identity

If you want to share how these experiences have impacted your care, please type in the box.

I have experienced microaggressions, discrimination, or hostility from my parents/caregivers about my gender identity.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I feel like my gender affirming care provider does/has not set clear expectations about how or when I will get my puberty blockers or gender affirming hormones.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

When I or my parents/caregivers go to the pharmacy to pick up my gender-affirming medications, we are able to pick up my prescription without any issues.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I think that my primary healthcare provider has talked or might talk to my parents/caregivers about my gender without my permission.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My parents/caregivers are trying to learn more about my gender identity.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My parents/caregivers accept my gender identity.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My gender-affirming provider and/or therapist have helped my parents/caregivers understand my gender identity.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My gender-affirming provider and/or therapist help me explain to my parents how I want my body to change.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My parents/caregivers have helped me understand my gender identity.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I worry that I might regret taking gender affirming hormones.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I worry that I might regret getting gender affirming surgery.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

The people who work at my primary care provider's office consistently use my chosen name and pronouns.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My parents/caregivers consistently use my chosen name and pronouns.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Before receiving gender affirming care, I knew/know what changes I wanted it to make in my body.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Before receiving gender affirming care, I could explain to my parents/caregivers what changes I wanted it to make in my body.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Before receiving gender affirming care, I could explain to my healthcare providers what changes I wanted it to make in my body.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Who has helped you access the day-to-day supplies you need to socially transition? For example: clothing, hair removal supplies, makeup, deodorant, haircuts, and hair styling products that align with your gender identity.

Please select all that apply.

I have accessed day-to-day items on my own

My friends have helped me

My parents/caregivers have helped me

My providers have helped me

An adult at my school has helped me

I am unable to access the day-to-day items that I need

Who has helped you access the specialty supplies you need to socially transition? For example: binders, STP devices, tucking supplies.

Please select all that apply.

I have accessed specialty supplies on my own

My friends have helped me

My parents/caregivers have helped me

My providers have helped me

An adult at my school has helped me

I am unable to access the specialty supplies that I need

Before starting hormones, I knew that I could stop taking them if I want to.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

At the end of the day, I am the person who gets to make the decisions about my gender-affirming healthcare.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I have purchased hormones off of the internet or used hormones or that were not prescribed to me.

Yes

No

My healthcare providers trust my judgement about my own body.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Being in my body every day causes me emotional pain and discomfort.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

My parents/caregivers are (or were) worried about or afraid of me receiving gender affirming care.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Because it is hard to find good information about gender affirming care, people come to me for advice about gender affirming care.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I feel capable of telling my provider if I think I need to make changes to my gender affirming care plan (for example, increasing/decreasing hormone doses or stopping hormones).

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

I feel capable of questioning my gender affirming care provider's decisions or recommendations.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Gender affirming care has allowed me to become fully myself, or I believe it will allow me to become fully myself.

Strongly agree

Agree

Somewhat agree

Somewhat disagree

Disagree

Strongly disagree

Now we'd like to ask a few questions about you.

How old are you today?

14

15

16

17

18

19

20

21

22

23

24

<p>Do you identify as Black, Indigenous, and/or a Person of Color?</p>	<p>Yes</p> <p>No</p>
<p>How do you describe your racial/ethnic identity?</p>	<p></p>
<p>Which of the following <i>comes closest</i> to describing your gender identity?</p>	<p>Gender Diverse or Gender Expansive</p> <p>Non-binary</p> <p>Transfemme or Transfeminine</p> <p>Transmasc or Transmasculine</p>
<p>What sex was assigned to you at birth?</p>	<p>Female</p> <p>Male</p>
<p>Which of the following gender affirming changes have you made in your life?</p> <p>Select all that apply.</p>	<p>Shifting to a name, pronoun, manner of dress, and/or self-expression that aligns with my gender identity.</p> <p>I am taking or have taken puberty blockers.</p> <p>I am taking or have taken gender-affirming hormones.</p> <p>I have had gender-affirming surgery.</p> <p>I am exploring or have explored my gender identity with an affirming mental health provider.</p> <p>I have legally changed my name and/or stated legal gender to be consistent with my gender identity.</p>
<p>Are you out to your parents/caregivers about your gender identity?</p>	<p>Yes</p> <p>No</p> <p>Sort of</p>

Are you out to your primary care provider about your gender identity?

Yes

No

Sort of

What state do you live in?



Last but not least, a couple items of business!

A few months from now, we will be conducting a follow up survey. Would you like us to contact you when this survey is ready?

Yes

No

We would like to offer you a \$20 e-gift card in appreciation of your time and effort.

If you would like a gift card, please select which type you would like?

Amazon.com

Fred Meyer

I don't want a gift card

Submit