Fertility Questionnaire

We are asking you to fill out this questionnaire to get a sense of how much you have thought about your future, priorities for your future, and whether or not you have thought about fertility and the effects that your current/future treatment may have on your fertility. Please fill the questionnaire as best as you can. If you have any questions or need any help please contact the research assistant.

Assigned Gender: ____________________  Gender Identity ____________________

1) Write down your ethnicity:

2) Circle your age group:
   a. Less than 13 years
   b. 13-15 years
   c. 16-18 years
   d. 18-20 years

3) List your primary language at home:

4) List languages spoken at home:
   __________________________________________________________
   __________________________________________________________

5) Indicate the level of education you have completed:
   a. In high school, working towards graduation
   b. Not intending to complete high school
   c. High school diploma/ GED
   d. More than high school diploma

6) Indicate your relationship status:
   a. Single, never dated
   b. Single, but have dated in the past
   c. Currently dating (not in a relationship)
   d. Currently in a relationship
   e. Married
   f. Separated
   g. Divorced

7) Indicate your religion, if any:
   __________________________________________________________

8) Indicate your current medications:
   __________________________________________________________
   __________________________________________________________

9) Were you adopted?
   a. Yes

Fertility Questionnaire-Youth

Version: July 18, 2016
b. No

If yes, what country were you adopted from? _____________________

10) Were any of your siblings adopted?
   a. Yes
   b. No
   c. No siblings

11) Were any of your parents adopted?
   a. Yes
   b. No

12) What is your postal code?
    _____________________

13) List the occupations of your parents/ guardians:
    _____________________
    _____________________
    _____________________
14) The following are a list of eight priorities that some people have. Rank the following priorities that you have from 1 to 8, with number 1 being the most important to you at present. You can only list each number once.

<table>
<thead>
<tr>
<th>Present</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Be in good health</td>
<td></td>
</tr>
<tr>
<td>Do well at work or school</td>
<td></td>
</tr>
<tr>
<td>Have children</td>
<td></td>
</tr>
<tr>
<td>Have a romantic relationship</td>
<td></td>
</tr>
<tr>
<td>Have a lot of close friends</td>
<td></td>
</tr>
<tr>
<td>Own a nice home</td>
<td></td>
</tr>
<tr>
<td>Make lots of money</td>
<td></td>
</tr>
<tr>
<td>Travel and see the world</td>
<td></td>
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</tbody>
</table>

15) The following are a list of eight priorities that some people have for 10 years from now in their future. Rank the following priorities that you have from 1 to 8, with number 1 being the most important to you. You can only list each number once.

<table>
<thead>
<tr>
<th>10 years from now</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Be in good health</td>
<td></td>
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</tr>
</tbody>
</table>

16) The following are a list of eight priorities that some people have. Rank the following priorities that you think your parents have for you from 1 to 8, with number 1 being the most important at present. You can only list each number once.
Present

Be in good health

Do well at work or school

Have children

Have a romantic relationship

Have a lot of close friends

Own a nice home

Make lots of money

Travel and see the world

17) The following are a list of eight priorities that some people have for 10 years from now in their future. Rank the following priorities that you think your parents have for you from 1 to 8, with number 1 being the most important. You can only list each number once.

10 years from now

Be in good health

Do well at work or school

Have children

Have a romantic relationship

Have a lot of close friends

Own a nice home

Make lots of money

Travel and see the world

18) Please answer the following questions by circling yes or no.

I hope to start hormone blockers one day/ have already started them. Yes No
19) Are you sexually attracted to:
   a) Men
   b) Women
   c) Men and women
   d) Neither
   e) Other (please specify): _____________________

20) Please answer the following questions by circling yes or no.
In the future, I would like to be a parent.                  Yes        No

In the future, I would like to have a biological baby*.      Yes        No

*A biological baby is a baby with whom you will share DNA or genetic material.

I will be frustrated if I cannot have a biological baby.   Yes        No

I would like to learn more from my doctor/nurse about my future fertility.   Yes        No

I feel I can talk to my parents about my fertility.        Yes        No

I am satisfied with the information that my doctor/nurse told me about my future fertility.   Yes        No

I’m worried about having a baby in the future because I am transgender.        Yes        No

I feel confident I have learned as much as I can about my future fertility.        Yes        No

21) Are you aware that some people in the general public are unable to have children for a variety of reasons?
   a. Yes
   b. No

22) If you were aware that people in the general population cannot have children, how did you get this knowledge? Please circle all that apply:
   a. Teacher
   b. Health Care Professional
   c. Parent
   d. Social Media
   e. Other
   f. I did not know that people in the general population cannot have children

23) Have you spoken to other transgender people about their own chances or experiences of having children?
   a. Yes
   b. No

24) When you think of yourself as an adult who is transgender, does being transgender change your view of wanting to have children compared with if you were not transgender?
   a. Yes
   b. No
   c. Not sure
25) What do you think your current level of fertility is? For example, if you were to try and have a biological child at the moment how successful would you be?
   a) None
   b) Low
   c) Moderate
   d) High

26) Going through medical transgender therapies may alter your future ability to have children. Were you aware of this?
   a. Yes
   b. No

27) Because undergoing transgender therapies may lead to a decreased ability to have children, would you consider undergoing a research treatment if it might help preserve fertility?
   a. Yes
   b. No
   c. Not sure

28) Would you still be interested in such a treatment if it meant waiting to start or stopping hormone blockers?
   a. Yes
   b. No
   c. Not sure

29) Would you still be interested in such a treatment if it meant waiting to start cross-sex hormones?
   a. Yes
   b. No
   c. Not sure
   d. I don’t plan to start cross-sex hormones

30) Would you be open to adopting a child in the future?
   a. Yes
   b. No
   c. Not sure

31) Would you be open to have someone donate sperm or eggs for you if you are not able to use your own in the future?
   a. Yes
   b. No
   c. Not sure

32) Would you be open to have a surrogate (for example, a person that could carry a pregnancy for you) if you or your partner would not be able to carry a pregnancy?
   a. Yes
   b. No
   c. Not sure