Fertility Q1 for Parents (FQ1-P)

We are asking you to fill in this questionnaire in order to get a sense of how much you have thought about the priorities for your child’s future, and whether or not you have thought about your child’s fertility and the effects that current/future treatment may have on your child’s fertility. Please fill the questionnaire as best as you can. If you need any further clarification, please contact the research assistant. If at any point you wish not to fill the questionnaire you may hand back the questionnaire to the research assistant.

Your child’s assigned gender at birth: ___________________________

Your child’s age: ___________________________ _______________________  

1) Indicate your ethnicity:  
_____________________________________

2) What is your gender?  
_____________________________________

3) Circle your age group:  
a. <30 years  
b. 30-34 years  
c. 35-39 years  
d. 40-44 years  
e. 45-49 years  
f. 50-54 years  
g. ≥55 years  

4) List the languages you speak:  
_____________________________________
_____________________________________

5) Indicate what level of education you have completed;  
a. Less than high school diploma  
b. High school diploma/ GED  
c. More than high school diploma
6) Indicate your relationship status:
   a. Single, never married
   b. Single, previously married
   c. Currently in a relationship to a male, not married
   d. Currently in a relationship to a female, not married
   e. Currently married to a male
   f. Currently married to a female
   g. Separated/Divorced, previously in a relationship with a male
   h. Separated/Divorced, previously in a relationship with a female

7) Indicate your religion, if any:
   __________________________________________

8) Were you adopted?
   a. Yes
   b. No

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

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

11) Is your child adopted?
    a. Yes
    b. No

12) Does your child know that they are adopted?
    a. Yes
    b. No

13) What is your postal code?
    _________________________________________
14) The following are a list of eight priorities that some parents currently have for their children. Rank the following priorities that you have for your child PRESENTLY from 1 to 8, with number 1 being the most important. 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

15) The following are a list of eight priorities that some parents have for their children’s futures. Rank the following eight priorities that you have for your child in the FUTURE (10 years from now) 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

16) The following are a list of eight present life priorities. Rank the following priorities in the way you think your child will rank them at present from 1 to 8, with number 1 being the most important. You can only list one number once.
17) The following are a list of eight future life priorities. Rank the following priorities in the way you think your child will rank them for 10 years from now from 1 to 8, with number 1 being the most important. You can only list one 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 a lot of money
- Travel and see the world

18) Indicate your child’s current level of fertility (i.e. your child’s current ability to have biological offspring if they were to try and have a child of their own):

   a. None
   b. Low
   c. Moderate
   d. High

19) Do you want your child to have a child in the future?

   a. Yes
   b. No
   c. Not sure
20) Do you want your child to have a biological child in the future?
   a. Yes
   b. No
   c. Not sure

21) On a scale from 1-10 (1= not at all, 10= definitely yes), how much do you want your child to have a child in the future?
   
   1  2  3  4  5  6  7  8  9  10

22) On a scale from 1-10 (1= not at all, 10= definitely yes), how much do you want your child to have a biological child in the future?
   
   1  2  3  4  5  6  7  8  9  10

23) Has your child’s transgender identity affected your view of wanting your child to have a child in the future?
   a. Yes
   b. No
   c. Not sure

24) Has your child’s transgender identity affected your view of wanting your child to have a biological child in the future?
   a. Yes
   b. No
   c. Not sure

25) Has your child spoken to other transgender people about their own chances or experiences of having children?
   a. Yes
   b. No
   c. Not sure

26) Are you aware that some people in the general population cannot have children for a variety of reasons?
   a. Yes
   b. No

27) If you were aware that some 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

28) Do you know someone who cannot have children?
   a. Yes
b. No

c. Not sure

29) Would you consider having your child undergo a research treatment if it might help preserve their fertility?
   a. Yes
   b. No
   c. Not sure

30) Would you still be interested in such a treatment if it meant that your child would have to wait to start hormone-blockers (or stop taking them if already started)?
   a. Yes
   b. No
   c. Not sure

31) Would you still be interested in such a treatment if it meant your child would have to wait to start cross-sex hormones?
   a. Yes
   b. No
   c. Not sure

32) Did any professional speak to you about the risks to your child’s fertility (i.e. difficulties in having biological offspring) because of the medications they are/will be taking?
   a. Yes
   b. No
   c. Not sure

33) Did any professional speak to your child about family planning (i.e. the different ways that you can have children: adoption, surrogacy, co-parenting)?
   a. Yes
   b. No
   c. Not sure

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

35) Would you be open to your child having someone donate sperm or eggs if your child was not able to use their own in the future?
   a. Yes
   b. No
   c. Not sure

36) Would you be open your child using a surrogate if your child (or your child’s partner) is not able to carry a pregnancy?
   a. Yes
   b. No
   c. Not sure