

Supplemental file 1: English-language: Demographic questionnaire for Focus Group Discussion participants

A. INTRODUCTION

Thank you for your interest in our study. This study has been designed by a diverse team of sexual and reproductive health researchers including individuals who identify as transgender, nonbinary, gender-expansive, and cisgender and are of various sexual orientations.

For most healthcare services and research studies, whether you can participate or not depends on your gender or sex. However, in this study, we will explore new ways of figuring out whether someone is eligible for healthcare and research. These new questions do not rely on gender or sex assigned at birth. Your answers will help us understand when these new questions should be asked, if at all. The goal is to design questions that will better identify who is eligible for types of clinical care and individual research studies, leading to more accurate and inclusive clinical care and research, better science, and better health outcomes for all people.

This survey should take about 5 minutes to complete. Please remember to close your browser window after submitting your responses to prevent anyone from seeing your responses.

B. FOCUS GROUP DISCUSSION ALIAS

0. To protect your confidentiality, what name would you like participants to see during the focus group discussion? This name will be your “alias”, or the name that appears in the focus group online chat that other participants will see. Many people prefer to use a fake name so that their responses remain anonymous.
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C. GENDER

1. A person's gender is an important, inner concept of self which can include girl/woman, boy/man, a blend of both, neither, and many more. Gender is how each person thinks of themselves and what they call themselves. One's gender can be consistent with, or different than, the gender commonly assumed for their sex assigned at birth. The words a person uses to talk about their gender can change over time.

What is your gender/how do you describe your gender?

2. If you had to choose from the list below, although we acknowledge that these categories may not be ideal, which of the below best describe(s) your current gender? (Select all that apply)
 - Agender
 - Genderqueer
 - Man
 - Nonbinary
 - Two-Spirit (feel free to include your tribe's specific language for your identity, if you would like) _____
 - Woman
 - Additional gender category, please specify: _____

- Prefer not to say
3. Are you transgender, or of transgender experience?
- Yes
 No
 Don't know
 Prefer not to say
4. Do you identify as intersex?
- No
 Yes
 Prefer not to say
5. Has a healthcare provider ever told you that you are intersex or that you have what is sometimes referred to as either a "difference of sex development" or a "disorder of sex development" (DSD)?
- No
 Yes
 I don't know
 Prefer not to say
6. Can you tell us more about what your health care provider told you about your specific diagnosis? (The diagnosis of being intersex or having a DSD)
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D. HEALTH HISTORY. These next few questions will ask about health related services or screenings that you may have had.

7. In the past TWO YEARS, please select any and all procedures that you have had:
- Pap smear (A pap smear is a procedure that involves a clinician collecting cells from the cervix to test for signs of cervical cancer)
 Mammogram (A mammogram is an x-ray picture of breast/chest tissue to detect breast cancer)
 Prostate exam (A prostate exam involves a clinician sticking a gloved finger inside the rectum to feel for an enlarged prostate, a sign of potential prostate cancer)
 Another: _____
 Prefer not to say
8. In your LIFETIME, have you ever been diagnosed with the following?
- Human Immunodeficiency Virus (HIV)
 Breast cancer
 Cervical cancer
 Ovarian cancer
 Prostate cancer
 Testicular cancer
 Another cancer: _____
 None of the above
 I don't know
 Prefer not to say

E. SOCIODEMOGRAPHIC CHARACTERISTICS. In this last section, we will ask a few more questions to help us understand more about you. Your responses to these questions will give us a better understanding of who is included in this study.

9. What state do you currently live in? _____
10. How old are you today? _____
11. Which pronouns do you use (select all that apply)
- He/him/his
 - She/her/her
 - They/them/theirs
 - No pronouns, I only use my name.
 - Another: _____
 - Prefer not to say
12. Do you consider yourself to be: (select all that apply)
- Asexual
 - Bisexual
 - Gay
 - Lesbian
 - Pansexual
 - Queer
 - Questioning
 - Same-gender loving
 - Straight/heterosexual
 - Another sexual orientation (please specify): _____
13. What is the highest level of school that you have completed?
- Some high school or less
 - High school degree or GED
 - Trade or technical school and no degree
 - Trade or technical school degree
 - Some college and no degree
 - College degree
 - Graduate or professional study and no graduate degree
 - Graduate or professional degree
14. Which categories best describe you? (select all that apply)
- American Indian or Alaska Native - What tribe(s) are you affiliated with?

 - Black or African American
 - Central Asian
 - East Asian
 - Hispanic or Latinx
 - Middle Eastern or North African
 - Native Hawaiian and Pacific Islander
 - South Asian
 - South East Asian
 - White
 - Unknown
 - Not listed, please tell us: _____
 - None of these

15. What type of health insurance do you have? (select all that apply)
- None
 - Private health insurance (from employer, or that you or someone else pays for)
 - Medicaid
 - Medicare
 - TRICARE or military health insurance
 - Indian Health Service
 - Other (please specify) _____
 - I don't know
40. How would you describe your work status right now?
- Employed full time (40 hours or more per week) and not a student
 - Employed part-time (Up to 39 hours per week) and not a student
 - Employed full-time (40 hours or more per week) and in school
 - Employed part-time (Up to 39 hours per week) and in school
 - Full-time or part-time student, not employed
 - Self-employed
 - Unemployed
 - Retired
 - Unable to work
 - Not listed (please specify): _____
 - None of these
16. Are you a parent? This includes parenting children who are now adults, are deceased, or are not biologically related to you.
- Yes
 - No
 - Prefer not to say
17. Please indicate how you became a parent. **Select all that apply.**
- The egg was fertilized through sexual activity with another parent of the child
 - I carried the child through a pregnancy and was also the egg source for the child
 - I carried the child through a pregnancy but was NOT the egg source for the child
 - I provided the egg for the child that another person carried through the pregnancy
 - I provided the sperm for the child
 - I adopted the child
 - I used donor (anonymous) sperm for the child
 - I used donor (known) sperm for the child
 - I underwent a second parent adoption of my partner's biological child
 - I worked with a surrogate to carry the child
 - I worked with an egg donor to provide the egg source for the child
 - I am a step parent to the child
 - I am a foster parent to the child
 - I became a parent through another method (please specify): _____
 - None of these

END OF SURVEY:

Thank you so much for your participation in this study. We will email or call you soon with detailed log-in information for your online focus group discussion. We look forward to your participation.

If you have questions about this survey or your participation in this study, please contact Anu Manchikanti Gómez at 510-642-0722 or anugomez@berkeley.edu.