Sex/Gender in Healthcare: Experiences and Challenges

Your well-being is important to us.

If any questions in this survey cause you discomfort or distress, please do not hesitate to reach out to one of the following persons or organizations for support:

- LGBTIQ Helpline at 0800 133 133 or hello@lgbtiq-helpline.ch

- Talking Help 143 at 143 or chat on https://www.143.ch

- Laura D. Perler (psychologist in training and research associate at Unisanté) at +41 21 314 50 34 or Laura.Perler@unisante.ch (support in German & English)

- Delphine Courvoisier (psychologist and senior researcher at Hôpitaux universitaires de Genève) at +41 79 553 11 41 or delphine.courvoisier@hug.ch (support in French & English)

Background Information

I am ...	☐ ... a woman / feminine ☐ ... a man / masculine ☐ ... non-binary ☐ Not listed here, namely {gndr_othr}
What sex were you assigned at birth?	◯ Female ◯ Male ◯ Other, namely {asab_othr}
What are your pronouns?	☐ She/her ☐ He/him ☐ They/them ☐ Your name ☐ Other, namely {pronoun_othr}
What is your legal gender?	◯ Female ◯ Male ◯ Other, namely {lgl_gndr_othr}
Have you ever changed your legal gender?	◯ Yes ◯ No ◯ Prefer not to say
Have you ever change your legal first name ?	◯ Yes ◯ No ◯ Prefer not to say
Do you use a first name that is different from your legal first name?	◯ Yes ◯ No ◯ Prefer not to say
The next questions are about your transition state. Have you undergone gender-affirming medical steps (for example, hormone treatment, surgery, permanent hair removal, speech therapy)?	◯ Yes ◯ No

Do you plan to undergo (further) gender-affirming medical steps?	◯ Yes ◯ No ◯ I don't know.
Have you undergone medical steps to reverse or undo gender-affirming steps (detransition)?	◯ Yes ◯ No
Do you plan to undergo (further) medical steps to reverse or undo gender-affirming steps (detransition)?	◯ Yes ◯ No ◯ I don't know.

Your Healthcare Experiences: Settings and Willingness to Share

In the last 12 months, ...

	Yes, at least once	No	Not sure / can't remember
have you been to a primary care clinic or practice?	○	○	○
have you been to a specialist practice or clinic (e.g., dermatologist, endocrinologist, gastroenterologist, gynecologist, surgeon, urologist)? Visits with mental health specialists are not included here.	○	○	○
have you been to an Emergency Room (ER) / Accident & Emergency (A&E) for your medical care?	○	○	○
have you been in a hospital for one night or longer?	○	○	○
have you been to a mental health practice or clinic (e.g., psychologist, psychiatrist, psychotherapist)?	○	○	○

The next section asks about your experiences in different healthcare settings, with each taking about 5 to 10 minutes to complete. We kindly ask you to select up to two settings in which you've had experiences within the past 12 months. The final section that follows will take about 10 to 15 minutes.

Please indicate below the settings (maximum 2) for which you feel both comfortable and willing to share your experiences by answering further questions.

	Yes, I'm willing	No, I'm not willing
Primary care clinic or practice	○	○
Specialist practice or clinic	○	○
Emergency Room / Accident & Emergency	○	○
Hospital stay	○	○
Mental health practice or clinic	○	○

Experiences with Healthcare Professionals in Primary Care

Is the primary care clinic or practice you visited within the last 12 months your regular clinic or practice?

- ◯ Yes
- ◯ No

Does the family doctor or general practitioner (GP) at the clinic know your gender identity or that you are intersex?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

If not, why?

- ☐ I did not feel comfortable talking about it.
- ☐ I did not know how to bring up.
- ☐ The GP never asked me.
- ☐ I did not think the GP would approve.
- ☐ I was worried about how office staff might react.
- ☐ I was worried about being denied services.
- ☐ Family members were in the room.
- ☐ I was scared the GP could out me to family members.
- ☐ I did not think it was important.
- ☐ I was worried about potential danger or harm.
- ☐ Other reasons, namely: {mngmnt_gi_pcp_othr}

Do you think it is important for the family doctor or GP to know your gender identity or that you are intersex?

- ◯ Very important
- ◯ Important
- ◯ Neutral
- ◯ Unimportant
- ◯ Very unimportant
- ◯ Prefer not to say

The next questions are about your experiences with front desk workers* at the primary care clinic to get care for yourself. This includes contacts over the phone or at the office or clinic. Please consider only experiences from the last 12 months.

*Front desk workers are the professionals who usually greet patients at reception, schedule appointments and handle other administrative tasks.

How informed were the front desk workers about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	◯	◯	◯	◯	◯	◯	◯
the variation of sex characteristics in general?	◯	◯	◯	◯	◯	◯	◯
the correct use of pronouns/name?	◯	◯	◯	◯	◯	◯	◯

When interacting with the front desk workers, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	◯	◯	◯	◯	◯	◯

did they use the correct pronouns/name when they spoke about you?	○	○	○	○	○	○
did they use respectful and DTNBI-inclusive language?	○	○	○	○	○	○
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	○	○	○	○	○	○
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex.	○	○	○	○	○	○

The next questions are about your experiences with the family doctor or GP at the primary care clinic. This includes contacts over the phone or at the office or clinic. Please consider only experiences from the last 12 months.

How informed was the family doctor or GP about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	○	○	○	○	○	○	○
the variation of sex characteristics in general?	○	○	○	○	○	○	○
the correct use of pronouns/name?	○	○	○	○	○	○	○
medical gender-affirming interventions?	○	○	○	○	○	○	○
biological aspects of (de-)transgender health?	○	○	○	○	○	○	○
biological aspects of intersex health?	○	○	○	○	○	○	○
mental health aspects related to (de-)transitioning?	○	○	○	○	○	○	○
challenges at work or school as well as in the family related to (de-)transitioning?	○	○	○	○	○	○	○

Did the family doctor's or GP's actions suggest an awareness of how sex/gender stereotyping can affect DTNBI patients seeking care?

- ○ Extremely aware
- ○ Very aware
- ○ Moderately aware
- ○ Slightly aware
- ○ Not at all aware
- ○ Not applicable

When interacting with the family doctor or GP, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	○	○	○	○	○	○
did they use the correct pronouns/name when speaking about you?	○	○	○	○	○	○
did they use respectful and DTNBI-inclusive language?	○	○	○	○	○	○
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	○	○	○	○	○	○
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	○	○	○	○	○	○

How frequently were the following information correctly used in (e-)mail correspondence, and forms on the primary care practice's webpage or smartphone apps?

	Very frequently	Frequently	Occasionally	Seldom	Never	I don't remember	Not applicable
Salutations	○	○	○	○	○	○	○
Used name	○	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○	○

Regarding the forms (both paper and electronic) you encountered in this healthcare setting, how inclusive were the questions and options provided for the following attributes?

	Very inclusive	Moderately inclusive	Neutral	Slightly inclusive	Not at all inclusive	I don't know	Not applicable
Salutations	○	○	○	○	○	○	○
Used name	○	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○	○
Variation in sex characteristics	○	○	○	○	○	○	○
Legal gender	○	○	○	○	○	○	○
Assigned sex at birth	○	○	○	○	○	○	○
Hormonal state	○	○	○	○	○	○	○
Organ inventory	○	○	○	○	○	○	○
State of medical (de-)transition	○	○	○	○	○	○	○

Have you ever asked the primary care practice to change your salutations, used name, pronouns, gender identity or legal gender?

○ Yes
○ No

How easy or difficult was it to change the following information:

	Very easy	Easy	Difficult	Very Difficult	Impossible	I've never changed it
Salutations	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯

How safe do you feel disclosing your gender identity or that you are intersex in the primary care practice to ...

	Very safe	Moderately safe	Neutral	Moderately unsafe	Very unsafe	Prefer not to say
Front desk workers	◯	◯	◯	◯	◯	◯
Family doctor or GP	◯	◯	◯	◯	◯	◯

Experiences with Healthcare Professionals in Specialized Care

The next questions are about your experiences with a specialized physician such as dermatologist, endocrinologist, gastroenterologist, gynecologist, surgeon or urologist. This includes contacts over the phone or at the office or clinic. Please consider only experiences from the last 12 months.

Were these consultations with a specialist primarily related to your (de-)transition or your variations in sexual characteristics?

- ◯ Yes
- ◯ No

How informed was the specialist about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	◯	◯	◯	◯	◯	◯	◯
the variation of sex characteristics in general?	◯	◯	◯	◯	◯	◯	◯
the correct use of pronouns/name?	◯	◯	◯	◯	◯	◯	◯
medical gender-affirming interventions?	◯	◯	◯	◯	◯	◯	◯
biological aspects of (de-)transgender health?	◯	◯	◯	◯	◯	◯	◯
biological aspects of intersex health?	◯	◯	◯	◯	◯	◯	◯
mental health aspects related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯
challenges at work or school as well as in the family related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯

Did the specialist's actions suggest an awareness of how sex/gender stereotyping can affect DTNBI patients seeking care?

- ◯ Extremely aware
- ◯ Very aware
- ◯ Moderately aware
- ◯ Slightly aware
- ◯ Not at all aware
- ◯ Not applicable

When interacting with this specialist, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	◯	◯	◯	◯	◯	◯
did they use the correct pronouns/name when the physician spoke about you?	◯	◯	◯	◯	◯	◯

did they use respectful and DTNBI-inclusive language?	◯	◯	◯	◯	◯	◯
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	◯	◯	◯	◯	◯	◯
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	◯	◯	◯	◯	◯	◯

How frequently were the following information correctly used in (e-)mail correspondence, and forms on the specialized clinic's webpage or smartphone apps?

	Very frequently	Frequently	Occasionally	Seldom	Never	I don't remember	Not applicable
Salutations	◯	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯	◯

Regarding the forms (both paper and electronic) you encountered in this healthcare setting, how inclusive were the questions and options provided for the following attributes?

	Very inclusive	Moderately inclusive	Neutral	Slightly inclusive	Not at all inclusive	I don't know	Not applicable
Salutations	◯	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯	◯
Variation in sex characteristics	◯	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯	◯
Assigned sex at birth	◯	◯	◯	◯	◯	◯	◯
Hormonal state	◯	◯	◯	◯	◯	◯	◯
Organ inventory	◯	◯	◯	◯	◯	◯	◯
State of medical (de-)transition	◯	◯	◯	◯	◯	◯	◯

Have you ever asked the specialist's practice to change your salutations, used name, pronouns, gender identity or legal gender?

◯ Yes
◯ No

How easy or difficult was it to change the following information:

	Very easy	Easy	Difficult	Very Difficult	Impossible	I've never changed it
Salutations	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯

How safe do you feel disclosing your gender identity or that you are intersex to this specialist?

◯ Very safe
◯ Moderately safe
◯ Neutral
◯ Moderately unsafe
◯ Very unsafe
◯ Prefer not to say

Experiences with Healthcare Professionals in the Emergency Room (ER) / Accident & Emergency (A&E)

This section will focus on the experiences in the ER / A&E in the last 12 months.

How informed were the nurses about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	○	○	○	○	○	○	○
the variation of sex characteristics in general?	○	○	○	○	○	○	○
the correct use of pronouns/name?	○	○	○	○	○	○	○
medical gender-affirming interventions?	○	○	○	○	○	○	○
biological aspects of (de-)transgender health?	○	○	○	○	○	○	○
biological aspects of intersex health?	○	○	○	○	○	○	○
mental health aspects related to (de-)transitioning?	○	○	○	○	○	○	○
challenges at work or school as well as in the family related to (de-)transitioning?	○	○	○	○	○	○	○

When interacting with the nurses in the ER/A&E, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	○	○	○	○	○	○
did they use the correct pronouns/name when they spoke about you?	○	○	○	○	○	○
did they use respectful and DTNBI-inclusive language?	○	○	○	○	○	○
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	○	○	○	○	○	○

did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	◯	◯	◯	◯	◯	◯

How informed were the physicians about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	◯	◯	◯	◯	◯	◯	◯
the variation of sex characteristics in general?	◯	◯	◯	◯	◯	◯	◯
the correct use of pronouns/name?	◯	◯	◯	◯	◯	◯	◯
medical gender-affirming interventions?	◯	◯	◯	◯	◯	◯	◯
biological aspects of (de-)transgender health?	◯	◯	◯	◯	◯	◯	◯
biological aspects of intersex health?	◯	◯	◯	◯	◯	◯	◯
mental health aspects related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯
challenges at work or school as well as in the family related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯

Did the physicians' actions suggest an awareness of how sex/gender stereotyping can affect DTNBI patients seeking care?

◯ Extremely aware
◯ Very aware
◯ Moderately aware
◯ Slightly aware
◯ Not at all aware
◯ Not applicable

When interacting with the physicians in the ER/A&E, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	◯	◯	◯	◯	◯	◯
did they use the correct pronouns/name when they spoke about you?	◯	◯	◯	◯	◯	◯
did they use respectful and DTNBI-inclusive language?	◯	◯	◯	◯	◯	◯

did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	○	○	○	○	○	○
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	○	○	○	○	○	○

How frequently were the following information correctly used in (e-)mail correspondence, and forms on the ER/A&E's webpage or smartphone apps?

	Very frequently	Frequently	Occasionally	Seldom	Never	I don't remember	Not applicable
Salutations	○	○	○	○	○	○	○
Used name	○	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○	○

Regarding the forms (both paper and electronic) you encountered in this healthcare setting, how inclusive were the questions and options provided for the following attributes?

	Very inclusive	Moderately inclusive	Neutral	Slightly inclusive	Not at all inclusive	I don't know	Not applicable
Salutations	○	○	○	○	○	○	○
Used name	○	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○	○
Variation in sex characteristics	○	○	○	○	○	○	○
Legal gender	○	○	○	○	○	○	○
Assigned sex at birth	○	○	○	○	○	○	○
Hormonal state	○	○	○	○	○	○	○
Organ inventory	○	○	○	○	○	○	○
State of medical (de-)transition	○	○	○	○	○	○	○

How safe do you feel disclosing your gender identity or that you are intersex in the ER/A&E to ...

	Very safe	Moderately safe	Neutral	Moderately unsafe	Very unsafe	Prefer not to say
Nurses	○	○	○	○	○	○
Physicians	○	○	○	○	○	○

Experiences with Healthcare Professionals During Your Stay at the Hospital

This section will focus on your experiences during your hospital stay(s) in the last 12 months.

How informed were the nurses about ...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	○	○	○	○	○	○	○
the variation of sex characteristics in general?	○	○	○	○	○	○	○
the correct use of pronouns/name?	○	○	○	○	○	○	○
medical gender-affirming interventions?	○	○	○	○	○	○	○
biological aspects of (de-)transgender health?	○	○	○	○	○	○	○
biological aspects of intersex health?	○	○	○	○	○	○	○
mental health aspects related to (de-)transitioning?	○	○	○	○	○	○	○
challenges at work or school as well as in the family related to (de-)transitioning?	○	○	○	○	○	○	○

When interacting with the nurses, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	○	○	○	○	○	○
did they use the correct pronouns/name when they spoke about you?	○	○	○	○	○	○
did they use respectful and DTNBI-inclusive language?	○	○	○	○	○	○
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	○	○	○	○	○	○
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	○	○	○	○	○	○

How informed were the physicians about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	◯	◯	◯	◯	◯	◯	◯
the variation of sex characteristics in general?	◯	◯	◯	◯	◯	◯	◯
the correct use of pronouns/name?	◯	◯	◯	◯	◯	◯	◯
medical gender-affirming interventions?	◯	◯	◯	◯	◯	◯	◯
biological aspects of (de-)transgender health?	◯	◯	◯	◯	◯	◯	◯
biological aspects of intersex health?	◯	◯	◯	◯	◯	◯	◯
mental health aspects related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯
challenges at work or school as well as in the family related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯

Did the physicians' actions suggest an awareness of how sex/gender stereotyping can affect DTNBI patients seeking care?

- ◯ Extremely aware
- ◯ Very aware
- ◯ Moderately aware
- ◯ Slightly aware
- ◯ Not at all aware
- ◯ Not applicable

When interacting with the physicians, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	◯	◯	◯	◯	◯	◯
did they use the correct pronouns/name when the physicians spoke about you?	◯	◯	◯	◯	◯	◯
did they use respectful and DTNBI-inclusive language?	◯	◯	◯	◯	◯	◯
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	◯	◯	◯	◯	◯	◯
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	◯	◯	◯	◯	◯	◯

Was the following information correctly displayed on your hospital bed?

	Yes, it was correct.	No, it was incorrect.	It was not displayed.	Not sure / can't remember
Salutations	◯	◯	◯	◯
Used name	◯	◯	◯	◯

Did your patient identification bracelet display the following information correctly?

	Yes, it was correct.	No, it was incorrect.	It was not displayed.	Not sure / can't remember
Salutations	◯	◯	◯	◯
Used name	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯

How frequently were the following information correctly used in (e-)mail correspondence, and forms on the hospital's webpage or smartphone apps?

	Very frequently	Frequently	Occasionally	Seldom	Never	I don't remember	Not applicable
Salutations	◯	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯	◯

Regarding the forms (both paper and electronic) you encountered in this healthcare setting, how inclusive were the questions and options provided for the following attributes?

	Very inclusive	Moderately inclusive	Neutral	Slightly inclusive	Not at all inclusive	I don't know	Not applicable
Salutations	◯	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯	◯
Variation in sex characteristics	◯	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯	◯
Assigned sex at birth	◯	◯	◯	◯	◯	◯	◯
Hormonal state	◯	◯	◯	◯	◯	◯	◯
Organ inventory	◯	◯	◯	◯	◯	◯	◯
State of medical (de-)transition	◯	◯	◯	◯	◯	◯	◯

Have you ever asked a hospital to change your salutations, used name, pronouns, gender identity or legal gender?

◯ Yes
◯ No

How easy or difficult was it to change the following information?

	Very easy	Easy	Difficult	Very Difficult	Impossible	I've never changed it
Salutations	◯	◯	◯	◯	◯	◯

Used name	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯

How safe do you feel disclosing your gender identity or that you are intersex in the hospital to ...

	Very safe	Moderately safe	Neutral	Moderately unsafe	Very unsafe	Prefer not to say
Nurses	◯	◯	◯	◯	◯	◯
Physicians	◯	◯	◯	◯	◯	◯

Experiences with Mental Health Professionals

For your mental healthcare, did you primarily see a psychologist or a psychiatrist? If you consulted both, please choose the one you would prefer to answer questions about.

- ◯ Psychologist
- ◯ Psychiatrist
- ◯ I don't know

The next questions are about your experiences with mental health professionals* in the last 12 months.

*Mental health professsionals include psychologists and psychiatrists.

How informed were they about...

	Very well informed	Well informed	Somewhat informed	Not very informed	Not informed at all	Don't know	Not applicable
different gender identities?	◯	◯	◯	◯	◯	◯	◯
the variation of sex characteristics in general?	◯	◯	◯	◯	◯	◯	◯
the correct use of pronouns/name?	◯	◯	◯	◯	◯	◯	◯
medical gender-affirming interventions?	◯	◯	◯	◯	◯	◯	◯
biological aspects of (de-)transgender health?	◯	◯	◯	◯	◯	◯	◯
biological aspects of intersex health?	◯	◯	◯	◯	◯	◯	◯
mental health aspects related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯
challenges at work or school as well as in the family related to (de-)transitioning?	◯	◯	◯	◯	◯	◯	◯

Did the psychologist's or psychiatrist's actions suggest an awareness of how sex/gender stereotyping can affect DTNBI patients seeking care?

- ◯ Extremely aware
- ◯ Very aware
- ◯ Moderately aware
- ◯ Slightly aware
- ◯ Not at all aware
- ◯ Not applicable

When interacting with this mental health professional, how frequently...

	Very frequently	Frequently	Occasionally	Seldom	Never	Not applicable
did they use the correct salutations when addressing you?	◯	◯	◯	◯	◯	◯
did they use the correct pronouns/name when this person spoke about you?	◯	◯	◯	◯	◯	◯

did they use respectful and inclusive language regarding (de-)trans, non-binary and intersex individuals?	○	○	○	○	○	○
did they disclose confidential information about your (de-)transition or variation in sex characteristics to third parties without your consent?	○	○	○	○	○	○
did you feel rejected or unwelcomed by them because of your gender identity, gender expression or because you are intersex?	○	○	○	○	○	○

How frequently were the following information correctly used in (e-)mail correspondence, and forms on the clinic's webpage or smartphone apps?

	Very frequently	Frequently	Occasionally	Seldom	Never	I don't remember	Not applicable
Salutations	○	○	○	○	○	○	○
Used name	○	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○	○

Regarding the forms (both paper and electronic) you encountered in this healthcare setting, how inclusive were the questions and options provided for the following attributes?

	Very inclusive	Moderately inclusive	Neutral	Slightly inclusive	Not at all inclusive	I don't know	Not applicable
Salutations	○	○	○	○	○	○	○
Used name	○	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○	○
Variation in sex characteristics	○	○	○	○	○	○	○
Legal gender	○	○	○	○	○	○	○
Assigned sex at birth	○	○	○	○	○	○	○
Hormonal state	○	○	○	○	○	○	○
Organ inventory	○	○	○	○	○	○	○
State of medical (de-)transition	○	○	○	○	○	○	○

Have you ever asked the psychologist's or psychiatrist's practice to change your salutations, used name, pronouns, gender identity or legal gender?

○ Yes
○ No

How easy or difficult was it to change the following information?

	Very easy	Easy	Difficult	Very Difficult	Impossible	I've never changed it
Salutations	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯

How safe do you feel disclosing your gender identity or that you are intersex to this psychotherapist or psychiatrist?

◯ Very safe
◯ Moderately safe
◯ Neutral
◯ Moderately unsafe
◯ Very unsafe
◯ Prefer not to say

Experiences with Your Health Insurance Provider

How frequently were the following information correctly used in (e-)mail correspondence, and forms on the health insurance provider's webpage or smartphone apps? Please consider only experiences from the last 12 months.

	Very frequently	Frequently	Occasionally	Seldom	Never	I don't remember	Not applicable
Salutations	◯	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯	◯

Regarding the forms (both paper and electronic) you encountered with this health insurance provider, how inclusive were the questions and options provided for the following attributes?

	Very inclusive	Moderately inclusive	Neutral	Slightly inclusive	Not at all inclusive	I don't know	Not applicable
Salutations	◯	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯	◯

Have you ever asked your health insurance provider to change your salutations, used name, pronouns, gender identity or legal gender?

◯ Yes
◯ No

How easy or difficult was it to change the following information?

	Very easy	Easy	Difficult	Very Difficult	Impossible	I've never changed it
Salutations	◯	◯	◯	◯	◯	◯
Used name	◯	◯	◯	◯	◯	◯
Pronouns	◯	◯	◯	◯	◯	◯
Gender identity	◯	◯	◯	◯	◯	◯
Legal gender	◯	◯	◯	◯	◯	◯

How safe do you feel disclosing your gender identity or that you are intersex to your health insurance provider?

◯ Very safe
◯ Moderately safe
◯ Neutral
◯ Moderately unsafe
◯ Very unsafe
◯ Prefer not to say

General Experiences in Healthcare

Was there a time in the past 12 months when you needed to see a medical professional such as a physician, a psychotherapist, physiotherapist or voice trainer but did not try or delayed it because you feared that you could be disrespected or mistreated due to your gender identity, gender expression or variation in sexual characteristics?

◯ Yes
◯ No

Would any of the following reasons stop you from obtaining help from health professionals if you had health problems?

☐ Fear of experiencing gender-related discrimination
☐ Fear of experiencing intersex-related discrimination
☐ Confidentiality concerns
☐ Believe that I can manage it myself
☐ Feeling that the treatment is useless
☐ Thinking that the symptoms will go away
☐ Fear of treatment
☐ Cost concern
☐ Lack of access to qualified healthcare professionals
☐ Lack of time
☐ Negative health service experience in the past

Sometimes patients experience an event or circumstance that could have resulted, or did result, in unnecessary harm to themselves, such as not getting an appointment when needed; receiving a wrong or delayed diagnosis or treatment; or experiencing problems with communications between health care professionals.

How often do you believe you have had any such event or circumstance specifically related to your gender identity or expression or variation in sex characteristics?

◯ Very frequently
◯ Frequently
◯ Occasionally
◯ Seldom
◯ Never
◯ Not applicable

We'd like to understand your experiences in healthcare specifically related to your sex/gender identity or expression, or your variation in sex characteristics. Please share any positive and negative experiences you've had in the spaces below.

Positive Experiences

Negative or Challenging Experiences

Collection of Sex- and Gender-Related Information

We would like to know your preferences for collecting the following information.

	In writing (form)	Orally	In writting or orally	Do not collect this information	I don't know	Not applicable
Salutations	○	○	○	○	○	○
Used name	○	○	○	○	○	○
Pronouns	○	○	○	○	○	○
Gender identity	○	○	○	○	○	○
Legal gender	○	○	○	○	○	○
Assigned sex at birth	○	○	○	○	○	○
Sex for clinical use	○	○	○	○	○	○
Hormonal state	○	○	○	○	○	○
Organ inventory	○	○	○	○	○	○
Information that you are in medical (de-)transition	○	○	○	○	○	○

Who should be able to access the following information?

	Front desk workers	Nurses	Mental health professionals	Physicians
Salutations	☐	☐	☐	☐
Used name	☐	☐	☐	☐
Pronouns	☐	☐	☐	☐
Gender identity	☐	☐	☐	☐
Legal gender	☐	☐	☐	☐
Assigned sex at birth	☐	☐	☐	☐
Sex for clinical use	☐	☐	☐	☐
Hormonal state	☐	☐	☐	☐
Organ inventory	☐	☐	☐	☐
Information that you are in medical (de-)transition	☐	☐	☐	☐

Needs Regarding More Inclusive Healthcare Services

What would make health services more DTNBI-inclusive?

Please rank the 7 options below by how important they are to you. Assign 1 to the most important factor and 7 to the least important factor.

	1 most important	2	3	4	5	6	7 least important
More knowledge on DTNBI-related healthcare needs.	○	○	○	○	○	○	○
Be more comfortable with DTNBI patients.	○	○	○	○	○	○	○
Better address my DTNBI-specific healthcare needs.	○	○	○	○	○	○	○
Not only address my DTNBI-specific medical needs	○	○	○	○	○	○	○
Improve office policies and forms that are not DTNBI-inclusive.	○	○	○	○	○	○	○
Provide a more welcoming environment for DTNBI patients.	○	○	○	○	○	○	○
Enhance healthcare professionals' communication skills	○	○	○	○	○	○	○

Do you have other suggestions that would make healthcare services more DTNBI-inclusive?

Negative Expectations in Healthcare

Please indicate how much you agree with the following statements.

I am concerned that if my gender history and/or intersex status is documented in my electronic medical record, ...

	Strongly agree	Somewhat agree	Neither agree/disagree	Somewhat disagree	Strongly disagree
healthcare providers wouldn't accept me.	○	○	○	○	○
it could lead to limitations in what health insurance will cover for me.	○	○	○	○	○
healthcare providers would think I am mentally ill or 'crazy'.	○	○	○	○	○
healthcare providers would think I am disgusting or sinful.	○	○	○	○	○
healthcare providers would think less of me.	○	○	○	○	○
healthcare providers would look down on me.	○	○	○	○	○
it could increase my risk of experiencing discrimination or harassment within the healthcare setting.	○	○	○	○	○
it could lead to breaches of confidentiality that could put me at risk.	○	○	○	○	○
I could be denied good medical care.	○	○	○	○	○

Adapted from Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. Psychology of sexual orientation and gender diversity, 2(1), 65.

Reflecting on Self-Perception and DTNBI Experience

This part is about how DTNBI people see themselves. We would like to better understand their internal perspectives, shaped by their unique journeys.

Please indicate how much you agree with the following statements.

	Strongly agree	Somewhat agree	Neither agree/disagree	Somewhat disagree	Strongly disagree
I resent the variation in my sex characteristics and/or my gender identity or expression (VSCGIE).	○	○	○	○	○
My VSCGIE makes me feel like a freak.	○	○	○	○	○
When I think of my VSCGIE, I feel depressed.	○	○	○	○	○
When I think about my VSCGIE, I feel unhappy.	○	○	○	○	○
Because of my VSCGIE, I feel like an outcast.	○	○	○	○	○
I often ask myself: Why can't my sex characteristics and/or my gender identity or expression just be normal?	○	○	○	○	○
I feel that my VSCGIE is embarrassing.	○	○	○	○	○
I envy people who do not have a VSCGIE like mine.	○	○	○	○	○

Adapted from Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. Psychology of sexual orientation and gender diversity, 2(1), 65.

Disclosure of Gender Identity or Variation in Sex Characteristics

How many people in each group below currently know you are DTNBI?

	All	Most	Some	None	I currently have no people like this in my life.
Immediate family such as parents, siblings, spouses/partners, and children.	◯	◯	◯	◯	◯
Extended family such as grandparents, grandchildren, aunts, oncles, nieces, nephews, and cousins	◯	◯	◯	◯	◯
LGBTIQ+ friends	◯	◯	◯	◯	◯
Straight, non-LGBTIQ+ friends	◯	◯	◯	◯	◯
Current boss/manager/supervisor	◯	◯	◯	◯	◯
Current coworkers	◯	◯	◯	◯	◯
Current classmates	◯	◯	◯	◯	◯
Current healthcare providers	◯	◯	◯	◯	◯

Please indicate how much you agree with the following statements.

Because I don't want others to know my gender history and/or that I am intersex, ...

	Strongly agree	Somewhat agree	Neither agree/disagree	Somewhat disagree	Strongly disagree
I don't talk about certain experiences from my past or change parts of what I will tell healthcare professionals.	◯	◯	◯	◯	◯
I modify my way of speaking with healthcare professionals.	◯	◯	◯	◯	◯
I pay special attention to the way I dress or groom myself for medical appointments.	◯	◯	◯	◯	◯
I avoid situations during medical appointments that might require me to expose my body.	◯	◯	◯	◯	◯
I change the way I walk, gesture, sit, or stand during medical appointments.	◯	◯	◯	◯	◯

Adapted from Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. Psychology of sexual orientation and gender diversity, 2(1), 65.

The next question is about your current sex/gender conformity (visual and non-visual passing).

People can tell I am DTNBI even if I don't tell them.

- ◯ Always
- ◯ Most of the time
- ◯ Sometimes
- ◯ Rarely
- ◯ Never
- ◯ Prefer not to say

Perceived Social Support

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

	Very strongly agree	Strongly agree	Mildly agree	Neutral	Mildly disagree	Strongly disagree	Very strongly disagree
There is a special person who is around when I am in need.	○	○	○	○	○	○	○
There is a special person with whom I can share my joys and sorrows.	○	○	○	○	○	○	○
My family really tries to help me.	○	○	○	○	○	○	○
I get the emotional help and support I need from my family.	○	○	○	○	○	○	○
I have a special person who is a real source of comfort to me.	○	○	○	○	○	○	○
My friends really try to help me.	○	○	○	○	○	○	○
I can count on my friends when things go wrong.	○	○	○	○	○	○	○
I can talk about my problems with my family.	○	○	○	○	○	○	○
I have friends with whom I can share my joys and sorrows.	○	○	○	○	○	○	○
There is a special person in my life who cares about my feelings.	○	○	○	○	○	○	○
My family is willing to help me make decisions.	○	○	○	○	○	○	○
I can talk about my problems with my friends.	○	○	○	○	○	○	○

Adapted from Zimet, et. al. (1988). The multidimensional scale of perceived social support. Journal of personality assessment, 52(1), 30-41.

Coping Strategies

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

	1 I haven't been doing this at all	2 I've been doing this a little bit	3 I've been doing this a medium amount	4 I've been doing this a lot
I've been concentrating my efforts on doing something about the situation I'm in.	○	○	○	○
I've been getting emotional support from others.	○	○	○	○
I've been taking action to try to make the situation better.	○	○	○	○
I've been getting help and advice from other people.	○	○	○	○
I've been trying to see it in a different light, to make it seem more positive.	○	○	○	○
I've been getting comfort and understanding from someone.	○	○	○	○
I've been looking for something good in what is happening.	○	○	○	○
I've been accepting the reality of the fact that it has happened.	○	○	○	○
I've been trying to get advice or help from other people about what to do.	○	○	○	○
I've been learning to live with it.	○	○	○	○

Adapted from Carver, C. S. (1997). You want to measure coping but your protocol'too long: Consider the brief cope. International journal of behavioral medicine, 4(1), 92-100.

Additional Background Information

This section gathers further details about your background to help us better understand the context of your responses in the rest of the survey.

How old are you (in years)?	◯ 14 - 17 ◯ 18 - 24 ◯ 25 - 44 ◯ 45 - 64 ◯ 65 or older ◯ Prefer not to say
In which country have you primarily lived during the last 12 months?	◯ Switzerland ◯ Germany ◯ France ◯ Italy ◯ Austria ◯ Liechtenstein ◯ Other, namely {cnty_othr}
During the last 12 months, have you had trouble paying household bills (taxes, insurance, telephone, electricity, credit card, etc.)?	◯ Yes ◯ No ◯ Prefer not to say
What is the highest level of education you have completed?	◯ Compulsory education (primary school, lower secondary school) ◯ Upper secondary education (apprenticeship, baccalaureate) ◯ Tertiary education (Bachelor's degree (including diploma/postgraduate diploma from a university of applied sciences, a university of teacher education, or a professional education institution), Master's degree, Doctoral degree)
Overall, how would you rate your health in the last 12 months...	◯ Excellent ◯ Very good ◯ Good ◯ Fair ◯ Poor

End of the Survey

Your well-being is important to us. If any questions in this survey cause you discomfort or distress, please do not hesitate to reach out to one of the following organizations or persons for support:

- LGBTIQ Helpline at 0800 133 133 or hello@lgbtiq-helpline.ch
- Talking Help 143 at 143 or chat on https://www.143.ch
- Laura D. Perler (psychologist in training and research associate at Unisanté) at +41 21 314 50 34 or Laura.Perler@unisante.ch (support in German & English)
- Delphine Courvoisier (psychologist and senior researcher at Hôpitaux universitaires de Genève) at +41 79 553 11 41 or delphine.courvoisier@hug.ch (support in French & English) Thank you for completing the survey.

We're currently planning focus groups to develop guidelines for the inclusive recording of sex, gender, and related characteristics in medical records. We're looking for committed individuals who are interested in contributing to this important process.

To ensure your anonymity in this survey, we'll now direct you to a separate webpage. There, you'll have the opportunity to indicate your interest in participating in these focus groups and provide your contact details, if you wish.