

Part 1: Demographic and Care Questions

Q1: Have you ever provided care for someone with a physical or mental health condition? Do not include normal child-rearing responsibilities unless they also required additional care for a physical or mental health condition.

- Yes
- No - EXCLUSION CRITERION, end of survey

Q2: Do you self-identify as a member of the 2SLGBTQ+ community?

- Yes
- No - EXCLUSION CRITERIA, end of survey .

Q3: (a) Which of the following best-describes your gender identity? Please check all that apply.

- Cisgender woman
- Cisgender man
- Transgender woman / Trans feminine person
- Transgender man / Trans masculine person
- Two-Spirit or other non-Western Gender Identity
- Non-binary, agender, or genderfluid
- Intersex
- Other (please specify)

Q4: Which of the following best describes your sex?

- Male
- Female
- Intersex
- Other

Q5: Does your answer to Q4 conform with the sex you were assigned at birth?

- Yes
- No

Q6: Which of the following best describes your sexual orientation? Please select all that apply.

- Heterosexual/Straight
- Gay
- Lesbian
- Bisexual
- Pansexual
- Asexual/ Aromantic
- Queer
- Two Spirit or other non-Western sexual orientation
- Other (please specify)
-

Q7: Which of the following best describes your marital status?

- Single
- Unmarried In a long-term relationship
- Married
- Separated

- Divorced
- Widowed

Q8: Are you employed?

- Yes, full time
- Yes, part time
- No (EXCLUSION CRITERIA)

Q9: Which of the following best describes the industry in which you are employed?

- Agriculture, forestry, fishing and hunting
- Mining, quarrying, and oil and gas extraction
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail trade
- Transportation and Warehousing
- Information and cultural Industries
- Finance and Insurance
- Real estate and rental and leasing
- Professional, scientific and technical services
- Management of companies and enterprises
- Waste management and remediation services
- Educational services
- Health care and social services
- Arts, entertainment, and recreation
- Accommodation and food services
- Other services
- Public administration

Q10: What is your age?

- 18-24
- 25-35
- 36-46
- 47-57
- 58-68
- 69-74
- 75+

Health Status Questions (WHOQOL-BREF)

Please read each question, assess your feelings, and check the number on the scale that gives the best answer for you over the last two weeks.

Q11

	1 - Very Poor	2 - Poor	3 - Neither poor nor good	4 - Good	5 Very good
How would you rate your quality of life?					

Q12

	1 - Very Dissatisfied	2- Dissatisfied	3 - Neither satisfied nor dissatisfied	4 - Satisfied	5 - Very satisfied
How satisfied are you with your health?					

-

The following questions ask **how much** you have experienced certain things in the last two weeks.

Q13

Question	1 - Not at all	2 - A little	3 - a moderate amount	4 - very much	5 - An extreme AMount
To what extent do you feel that physical pain prevents you from doing what you need to do					
How much do you need any medical treatment to function in your daily life					

How much do you enjoy life?					
To what extent do you feel your life to be meaningful?					
How well are you able to concentrate?					
How safe do you feel in your daily life?					
How healthy is your physical environment?					

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks

Q14

	1 - Not at all	2 - a little	3 - moderately	4 - Mostly	5 - Completely
Do you have enough energy for everyday life?					
Are you able to accept your bodily appearance?					
Have you enough					

money to meet your needs?					
How available to you is the information you need in your day-to-day life?					
To what extent do you have the opportunity for leisure activities?					
How well are you able to get around?					

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

Q15:

	1 - Very dissatisfied	2 - Dissatisfied	3 - Neither satisfied nor dissatisfied	4 - Satisfied	5 - Very satisfied
How satisfied are you with your sleep?					
How satisfied are you with your ability to perform your daily living activities?					
How satisfied are you with your capacity for work?					

How satisfied are you with yourself?					
How satisfied are you with your personal relationships ?					
How satisfied are you with your sex life?					
How satisfied are you with the support you get from your friends?					
How satisfied are you with your access to health services?					
How satisfied are you with your transport?					

The following question refers to **how often** you have felt or experiences things in the last two weeks.

Q16:

	1- Never	2 - Seldom	3 - Quite Often	4 - Very Often	5 - Always
How often do you have negative feelings such as blue mood, despair, anxiety, or					

depression?					
-------------	--	--	--	--	--

mood, despair, anxiety, depression?

Caregiving Questions

Q17: Have you ever provided care for someone with a physical or mental health condition? Do not include normal child-rearing responsibilities unless they also required additional care for a physical or mental health condition.

- Yes
- No - EXCLUSION CRITERION, end of survey

Q18: When did you provide this care?

- Currently
- 0-2 years ago
- 2-4 years ago
- 5 years ago + - exclusion criteria, end of survey

Q19: What is your relationship to the person to whom you provided care?

- Immediate biological or legal family (e.g., parent, child, sibling)
- Spouse or long-term partner
- Friend
- Neighbour
- Community Member

Q20: Using a scale of 1 to 5, with 1 being "Very Poor" and 5 being "Very Good", how would you rate the health of the person you provide care for?

- Very poor
- Poor
- Fair
- Good
- Very Good

Q21: Which of the following kinds of care did/do you provide? Please check all that apply.

- Housekeeping
- Transportation
- Accompanying them to medical or legal appointments
- Medication (picking up prescriptions, administration)
- Administrative Tasks
- Food Preparation
- Nursing Tasks (e.g. wound care)
- Personal Care (e.g. bathing, dressing, etc.)

Q22: For how long have you been providing care?

- 0-6 months
- 6 months - 1 year

- 1 -2 years
- 3-4 years
- 5 years +

Part 3: Workplace Support

Q23: Do your coworkers and employers know about your sexual orientation or gender identity?

- Yes, all of them
- No, none of them
- Yes, just close colleagues / friends
- Yes, just management
- Yes, just my colleagues

Q24: To the best of your knowledge, does your workplace have policies in place to support 2SLGBTQ+ workers?

- YES
- NO

If YES, please specify (short answer)

Q25: Does your workplace have clear anti-discrimination policies?

- YES
- NO
- Don't Know/ Unsure

Q26: Are there gender neutral washrooms and changing facilities (if applicable)?

- YES
- NO
- N/A
- Don't know/ Unsure

Q27: Is there a clear process for dealing with harassment complaints?

- Yes, through the employer
- Yes, through the union
- NO
- Unsure/ Don't know

Q28: Does your collective agreement (if applicable), contract, and/or benefit agreement use gender neutral language (e.g., "spouse" rather than husband or wife, etc.)

- YES
- NO
- Not applicable

Q29: On a scale of 1-5, with 1 being "not at all comfortable" and 5 being "completely comfortable", how comfortable would you be bringing a same-gender partner to a work event to which partners were invited?

- 1
- 2
- 3
- 4
- 5

- Not applicable
- Don't know/Unsure
- Choose not to Answer

***For participants who selected "transgender, nonbinary, two-spirit or other" in response to the question on gender identity ONLY ***

Q30: On a scale of 1-5, with 1 being "not at all comfortable" and 5 being "completely comfortable", how comfortable would you be disclosing your transgender identity to your coworkers and/or management?

- 1
- 2
- 3
- 4
- 5
- Don't know/ Unsure
- Choose not to Answer

Q31: Over the course of your employment, have you ever heard, seen, or otherwise witnessed derogatory comments or actions that you felt were based on homophobia, transphobia, or other anti-LGBTQ+ discrimination?

- YES, and I reported it to my employer / union rep
- YES, and I did not report it to my employer / union rep
- NO
- Unsure/ Don't Know
- Choose not to answer

Q32: On a scale of one to 5, with one being not at all comfortable and 5 being "completely comfortable" how comfortable would you be approaching your employer about harassment directed at you based on your LGBTQ+ identity?

- 1
- 2
- 3
- 4
- 5
- Don't Know / Unsure
- Choose Not to Say

Q33: On a scale of one to 5, with one being not at all comfortable and 5 being completely comfortable, how comfortable would you be approaching your employer to receive caregiver accommodations if doing so would result in the disclosure of your LGBTQ+ identity?

- 1
- 2
- 3
- 4
- 5
- Don't Know / Unsure
- Choose Not to Say

Part 4: Caregiver Stress and Caregiver Benefit Awareness

Q34: On a scale of 1 to 5, with 1 being “not at all difficult” and 5 being “extremely difficult”, how difficult do you find balancing caregiving responsibilities and your paid employment?

Q35: On a scale of 1 to 5, with 1 being “not at all supportive” and 5 being “extremely supportive”, how supportive are your friends and family of your caregiving responsibilities?

Q36: With 1 being “Not at all impactful” and 5 being “extremely impactful”, to what extent have your caregiving responsibilities interfered with your leisure time or self-care?

Q37: Have you ever accessed leave from your job in order to perform caregiving duties? (check all that apply)

- Yes, paid sick leave
- Yes, unpaid sick leave
- Yes, paid caregiving leave
- Yes, unpaid caregiving leave
- Yes, other paid leave (please specify)
- Yes, other unpaid leave (please specify)
- NO

Q37: Check the following boxes if you have HEARD of the following benefits and forms of leaves:

- EI Family caregiver benefit for children
- EI Family caregiver benefit for adults
- Compassionate care benefits
- Family medical leave (Ontario)
- Family caregiver leave (Ontario)

Q38: Check the following boxes if you have USED any of the following benefits and/or leaves:

- EI Family caregiver benefit for children
- EI Family caregiver benefit for adults
- Compassionate care benefits
- Family medical leave (Ontario)
- Family caregiver leave (Ontario)

Please check which of the following apply:

- I am willing to be contacted by the researchers for follow-up, and wish to be kept informed on the results of this study
- I am NOT willing to be contacted by the researchers for follow-up, and I wish to be kept informed on the results of this study.
- I am NOT willing to be contacted by the researchers for follow-up, and I do not want to be kept informed on the results of this study.