

Appendix

Survey

Follow the link to our survey to the survey: <https://forms.gle/SgqTpcLvScKdwg4H8>

Health, Gender and Marital Status

Before you proceed, please read the following before you continue.

Dear participants, thank you for participating in this questionnaire. Be ensured that your privacy will be protected and that your identity would be kept confidential. Your sharing of information would only be used for research and study purposes. Participation is voluntary, and that the survey may be exited at any time You are welcome to contact me at reem.abughazaleh@mail.utoronto.ca if you have any questions or inquiries.

This survey is anonymous.



reem.z.abu@gmail.com (not shared) [Switch account](#)



How old are you?

Your answer

What is your gender identity?

☐ Woman

☐ Man

☐ Trans

☐ Transitioning

☐ Two-spriit

☐ Decline to answer

☐ Other:

What is your sexual orientation?

- ☐ Hetrosexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Queer
- ☐ Two-spirited
- ☐ Prefer not to say
- ☐ Other: _____

What is the your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Seperated
- ☐ Living common law
- ☐ Widowed

If you were ever married, how old were you when you got married?

Your answer _____

How many children do you have?

Your answer

How would you rate your physical health?

1 2 3 4 5 6 7 8 9 10
Extremely poor ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Excellent

How would you rate your mental health?

1 2 3 4 5 6 7 8 9 10
Extremely poor ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Excellent

Please list any chronic illnesses you have, if any.

Your answer

Please list any major surgeries you have had, if any.

Your answer

Thank you for completing the survey.