1) What is your age?*

_________________________________________________

2) How do you identify? (You may check multiple boxes)*

[ ] transgender
[ ] transsexual
[ ] trans*
[ ] cisgender
[ ] man
[ ] woman
[ ] butch
[ ] femme
[ ] dyke
[ ] transmasculine
[ ] agender
[ ] bigender
[ ] neutrois
[ ] genderqueer
[ ] transfeminine
[ ] two-spirit
[ ] third gender
[ ] non-binary transgender
[ ] gender non-conforming
[ ] tomboi
[ ] boi
[ ] stud
[ ] intersex
[ ] fag/faggot
3) How many days on average do/did you bind a week?*

( ) less than once a week
( ) 1 day/week
( ) 2 days/week
( ) 3 days/week
( ) 4 days/week
( ) 5 days/week
( ) 6 days/week
( ) 7 days/week

4) How many hours on average do/did you bind on those days?*

( ) less than 1 hour
( ) 1 hour
( ) 2 hours
( ) 3 hours
( ) 4 hours
( ) 5 hours
( ) 6 hours
( ) 7 hours
( ) 8 hours
( ) 9 hours
( ) 10 hours
( ) 11 hours
( ) 12 hours
( ) 13 hours
( ) 14 hours
( ) 15 hours
5) How long have you been binding/bound in the past? (i.e. weeks, months, years)*

( ) 1-3 weeks
( ) 1-3 months
( ) 3-6 months
( ) 6-9 months
( ) 1 year
( ) 2 years
( ) 3 years
( ) 4 years
( ) 5 years
( ) 6 years
( ) 7+ years

6) Why do you bind? (For example, "It contributes to my sense of well-being"; "It allows me to better express my chosen gender(s)"; I prefer how my clothes fit when I bind".

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
7) What method(s) do/have you used to bind for the majority of the time? (you may select multiple boxes)*

[ ] ace bandage
[ ] shirt layering
[ ] sports bra
[ ] multiple sports bras
[ ] athletic compression wear
[ ] neoprene compression wear
[ ] duct tape/saran wrap
[ ] binders (please specify if you know which kind in this free response blank)::

[ ] Other::

8) *This question uses language about bodies that you may or may not use or identify with in respect to your own body.*

A note on this question: We believe this question is extremely sensitive and requires an explanation to our survey respondents. It is our goal to respect the diversity of the queer community particularly in relation to diverse body types and sizes. We predict that the health impacts will be different for diverse body types. In order to address the lack of medical information for individuals who bind we are including the following question in our survey. (You may skip this question if you would like.)

How large is your chest/was your chest when you bound? Please answer in whichever kind of measurement you know, or with qualitative terms, and as descriptive as you feel comfortable.

_____________________________________________

9) Does binding cause you shoulder pain? If so please rank the pain on a scale of 1 (no pain) to 10 (worst pain)*

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>
10) Does binding cause you back pain? If so please rank the pain on a scale of 1 (no pain) to 10 (worst pain)*

<table>
<thead>
<tr>
<th>Pain scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</table>

11) Does binding cause you ribs/chest pain? If so please rank the pain on a scale of 1 (no pain) to 10 (worst pain)*

<table>
<thead>
<tr>
<th>Pain scale</th>
<th>1</th>
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<th>3</th>
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</table>

12) *This question uses language about bodies that you may or may not use or identify with in respect to your own body.*

Does binding cause you breast pain? If so please rank the pain on a scale of 1 (no pain) to 10 (worst pain)*

<table>
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<tbody>
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</tbody>
</table>
13) Does binding cause you neck pain? If so please rank the pain on a scale of 1 (no pain) to 10 (worst pain)*

<table>
<thead>
<tr>
<th>Pain scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
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<tr>
<td>3</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

14) Have you ever had to go without binding because it was too physically painful to continue to do so? (May list optional additional comments in the free response box.)*

[ ] Yes
[ ] No
[ ] Optional additional comments::

15) Does binding limit your ability to breathe, move, or exercise? Check all that apply;*

[ ] Yes, it limits my ability to do daily activities
[ ] Yes, it limits my ability to exercise
[ ] Yes, it limits my ability to breathe
[ ] It bothers me, but not enough to limit my functioning
[ ] No limits
[ ] Optional additional comments::

_________________________________
16) How concerned are you about the effects of binding on your health? [1=Not concerned at all, 5=Extremely concerned].*

[ ] 1
[ ] 2
[ ] 3
[ ] 4
[ ] 5
[ ] Optional: What are you specifically concerned about?:

_________________________________________________

The Binding Health Project, (continued)

17) *This question uses language about bodies that you may or may use or not identify with in respect to your own body.*

Have you experienced any of the follow health problems and attribute them to binding?
Please select all that apply, and include any problems not listed in the free response box.*

[ ] rib fractures
[ ] back pain
[ ] chest pain
[ ] rib or spine changes
[ ] bad posture
[ ] shoulder pain
[ ] shoulder joint ‘popping’
[ ] muscle wasting
[ ] numbness
[ ] headache
[ ] overheating
[ ] fatigue
[ ] weakness
[ ] lightheadedness or dizziness
[ ] cough
[ ] pneumothorax/collapsed lung
[ ] respiratory infections
[ ] shortness of breath:
[ ] heartburn
[ ] abdominal pain
[ ] digestive issues
[ ] breast changes
[ ] breast tenderness
[ ] scarring
[ ] swelling
[ ] acne
[ ] itch
[ ] skin changes
[ ] skin infections
[ ] Physical health issue not listed here:

-----------------------------------------------------------------------------------------------------------------------------

18) Have you experienced any health effects from binding that caused you to see a healthcare provider?*

( ) Yes, and the concern was:
_____________________________________________________

( ) No, I have not experienced a health concern from binding

( ) No, I have experienced a health concern, but did not seek care from a provider

19) Does your healthcare provider know you bind?*

( ) Yes

( ) No, they do not know I bind

( ) No, I do not have a health care provider
20) Has your healthcare provider ever addressed your binding?*

( ) Yes, they have addressed it either positively or neutrally
( ) Yes, they addressed it negatively
( ) No, they have never addressed it
( ) No, they do not know I bind
( ) No, I do not have a healthcare provider

21) Would you like your healthcare provider to initiate a discussion about binding?*

( ) Yes
( ) No
( ) Not sure

22) Do you feel safe/comfortable initiating a discussion about current or past binding with your primary care provider? (select all that apply)*

[ ] Yes, I feel safe
[ ] Yes, I feel comfortable
[ ] No, I do not feel safe
[ ] No, I do not feel comfortable
[ ] No, I do not think it is important

23) *This question uses language about bodies that you may or may not use or identify with in respect to your own body.*

You may skip this question if you do not feel comfortable answering. The term ‘breast exam’ is referencing a specific type of medical exam.

Are you or would you be comfortable with your healthcare provider conducting a breast exam?
[ ] Yes, I feel comfortable
[ ] No, I do not feel comfortable
[ ] Optional free response (additional comments):

____________________________

24) How would you rate your overall mood on a scale of 1-5 BEFORE binding? [1=Very negative, 5=Very Postive]*

( ) 1
( ) 2
( ) 3
( ) 4
( ) 5

25) How would you rate your overall mood AFTER beginning to bind? [1=Very negative, 5=Very Postive]*

( ) 1
( ) 2
( ) 3
( ) 4
( ) 5

26) Did you have any changes in your emotional well-being or behavioral health/mood that you attribute to binding?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

27) Do you currently take testosterone/did you take testosterone when you bound?*
[ ] No
[ ] Yes, Testosterone injections
[ ] Yes, Testosterone gel/patch
[ ] Yes, other not listed here:
____________________________________________

28) *This question uses language about bodies that you may or may not use or identify with in respect to your own body.*

Do you plan on having ‘top surgery’ at some point? (Top surgery in this instance refers to any procedure that reduces the size of your chest, for example mastectomy or breast reduction.)*

[ ] Yes, I am planning on it
[ ] Yes, but I can’t afford it right now
[ ] Yes, but there is no local provider/surgeon
[ ] No, free response: ____________________________
[ ] No, I am not interested
[ ] No, I can’t afford it
[ ] No, I have already had top surgery

29) If you have had top surgery, how was your experience? (If you feel comfortable, please also include the type of surgery you had)

A. Physical (procedure, healing, scarring, sensation, daily activities etc.) experience:

____________________________________________
____________________________________________
____________________________________________
____________________________________________

B. Emotional (well-being, mood etc.)

____________________________________________
C. Experiences with providers and quality of care:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank You!