Supplementary Material

Priorities for data collection through a prospective cohort study on genderaffirming hormone therapy in Aotearoa New Zealand: community and clinical perspectives

Rona Carroll^{A,*}, Sally B. Rose^A, Alex Ker^A, Michaela A. Pettie^B and Susan M. Garrett^A

^ADepartment of Primary Health Care and General Practice, University of Otago, Te Whare Wānanga o Otāgo ki Te Whanganui-a-Tara, PO Box 7343, Wellington South, Wellington 6242. New Zealand

^BDepartment of Public Health, University of Otago, Te Whare Wānanga o Otāgo ki Te Whanganui-a-Tara, Wellington 6242, New Zealand

*Correspondence to: Email: rona.carroll@otago.ac.nz

Supplementary Table S1. Discussion guide for the community advisory group.

	Overtions and prompts
Topic	Questions and prompts
Introduction	Facilitators provide personal introductions and what connected them to this project. Facilitators introduce the survey project, the whakapapa or origins of the project, what the survey at baseline and subsequent follow up would capture and what our aims were for 2023 and beyond.
	 Spend time on whakawhanaungatanga: What are your name and pronouns? What brings you to this group? What are you hopeful for in the future?
	Discussion of how we want to work together as a group.
Survey content	We're keen to hear from you. What do you think is important to find out in these surveys? From our discussion, we'll then draft up a survey based on the areas you've identified as priorities.
	If you could design a survey to understand people's experiences of initiating GAHT and their outcomes over time, what would you ask people?
	Prompts for discussion include:
	 Including participants who have initiated GAHT through primary and/or secondary care?
	 Experiences of mental health support offered through primary care
	 Levels of social support (friends and whānau)
	• Informed consent process, what did this look like?
	• Impacts of GAHT on wellbeing and quality of life
	 Impacts of GAHT on physical changes Use of existing questions to measure mental health outcomes (e.g., WHO-5 wellbeing index)
	• The process of accessing GAHT-related care pre-prescription (e.g., initial point of contact with service, wait times).
Survey	Discussion on ways of inviting people to take the survey:
logistics	 How can we build trust between participants and researchers?
	• What can we give to participants in recognition of their participation?
	 Where do you find out about research? Have you filled in other trans-related surveys?
	• Which channels would be best to share the invitation to participate in this study? (e.g., through clinics, social media)
	 What are the benefits and limitations of recruiting participants through clinical vs community settings?
	 How often would it be acceptable to ask people to complete a follow-up survey, keeping in mind the research burden that trans and non-binary people can experience?
	• How could we ensure we didn't lose people for future surveys once they have joined? (E.g., discussion about contact details)
Next steps	Is there anything you'd like RC to ask the HCPs in the focus groups?
and closing	Discuss next steps in terms of drafting the survey and seeking feedback on the
round	draft.

Supplementary Table S2. Discussion guide for healthcare professionals.

Topic	Questions and prompts
Introduction	 Introduction from facilitators Participant introductions (share role, place of work, involvement in GAHC) Overview of the project and its objectives
Survey content	 What do you think the gaps are in our knowledge of the long-term health and wellbeing of people on GAHT? Is there information which would help in the work you are doing with young people who are considering GAHT? If I could give you a kete which contained all the information on the long-term health and wellbeing of people on GAHT what would you find?
	 Thinking about a first survey at the time of starting GAHT, what things do you see as being important to ask about? This could include information to help you work with patients or guide those that are interested in hormone treatment? Physical health aspects Mental health Are there any tools or scales you think would be useful? Family & social support
	Similarly, for survey(s) further down the track, what would be important to ask about? • Physical health aspects? • Mental health? • Family & social support?
Survey logistics	 What do you think is the best way to recruit people to the survey? Through the prescriber starting the GAHT? Ideas about ways to make it quick and easy for the prescriber, not onerous and also easy to remember.
	 Eligibility criteria Age (Anyone in the age group who starts GAHT?) Setting (Endocrine, sexual health and primary care?)
	In terms of the timing of the survey, at which time points do you think it is useful to collect this data and how frequently?
	 Would it be useful to do this at baseline at the time of starting GAHT – if so, is it best for the prescriber to provide information about the survey to potential participants? Ideas beyond 1 year? Annual surveys or a later one at 5 years or so? Would it be important to capture information sooner?
Next steps	Would you be willing to help in future with reviewing the wording of the survey?