

The Toronto Teen Survey

What is this project about?

It is about making sexual health services better for youth in Toronto. We want to hear from 1,500 different youth between the ages of 13-17 living in Toronto.

Who is running this project?

A research team consisting of people from Planned Parenthood of Toronto, the University of Toronto, York University, Toronto Public Health, and the Ontario HIV Treatment Network.

What do I have to do?

We are asking you to fill out a survey. The survey has 29 questions and takes about 15 minutes to fill out. It asks questions about how you get info about sex and where you go when you need help. We hope you will also stay for the part of the session where we can try to answer your questions about sexual health.

What will happen to the info?

This info will be used to plan sexual health programs for youth in Toronto. We will also share the results by writing reports and developing creative ways to share our findings with various groups, organizations, and communities.

Will it be private?

Yes. You will not be asked to give your name. There will be no way of connecting you with the info you write down. Only the research team will be able to see your finished survey - but they won't know it is you who filled it out!

Do I have to fill out the survey?

No. You can choose not to fill out the survey. No one will be mad or upset with you if you don't. You will still be able to come to all the same programs here. You can stop at any time.

Will I get anything if I fill out the survey?

Yes. You will get a movie pass to thank you for your time.

Who can I call if I have questions about the Toronto Teen Survey?

If you have any questions about the survey, the project, or your ethical rights you can contact the appropriate people listed on the separate sheet that was handed out to you. We will also give you a list of places to call if you have more questions about your sexual health.

Ready?

You can start filling out the survey if:

- (1) you understand why the study is being done;
- (2) you decide you want to participate;
- (3) you know that you don't have to;
- (4) you know that we are here to help if you have any questions;

Remember you can be honest ... no one will know it is you. Thanks for your help!

SECTION ONE: Please tell us a little bit about yourself!

1

1. How old are you?

- 13 years old 14 years old 15 years old 16 years old
 17 years old 18 years old or older

2. Are you... ? (Please check all that apply)

- Female Male Transgender Two-spirited

3. What are the first three digits of your postal code?

- The first three digits of my postal code are: _____
 I don't know my postal code
 I don't have a postal code

This info will tell us which parts of the city need help the most!

4. What languages are most often spoken in your home? (Please check all that apply)

- English Mandarin Cantonese French
 Tamil Portuguese Spanish
 Others (please specify) _____

5. Were you born in Canada?

- Yes
 No: Please tell us what country you were born _____

6. How long have you been living in Canada?

- I have lived here all or most of my life
 I have been living in Canada for 10 years or more
 I have been living in Canada between 4 and 9 years
 I have been living in Canada between 1 year and 3 years
 I have been living in Canada less than 1 year

7. Where were your parents born?

- Mother: Canada Elsewhere (please specify) _____
 I don't know
- Father: Canada Elsewhere (please specify) _____
 I don't know

8. What level of education have your parents/caregivers completed (in Canada or any other country)?

My mother has completed:

- Less than High School High School College University
 I don't know

My father has completed:

- Less than High School High School College University
 I don't know

My other caregiver (if applicable) has completed:

- Less than High School High School College University
 I don't know

9. Are you...? (Please check all that apply)

- Aboriginal/First Nations Spirituality Agnostic
 Anglican Atheist
 Baptist B'hai
 Buddhist Catholic
 Hindu Jewish
 Lutheran Muslim
 Protestant Christian Sikh
 United No religion
 Religion/Spirituality not listed here.

Please specify: _____

10. Which of the following best reflect(s) your racial background? (Please check all that apply)

- Aboriginal/First Nations
 Asian - East (e.g. China, Japan, Korea, Taiwan)
 Asian - South (e.g. India, Sri Lanka, Pakistan)
 Asian - South East (e.g. Vietnam, Malaysia, Philippines)
 Black - Africa (e.g. Ghana, Kenya, Somalia)
 Black - Canadian
 Black - Caribbean (e.g. Jamaica, Barbados)
 Latin American (e.g. Argentina, Mexico, Nicaragua)
 Indian-Caribbean (e.g. Guyanese with origins in India)

Question 10 continued....

- Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)
- White - Canadian
- White - European (e.g. England, Greece, Sweden, Russia)
- Mixed Background
Please specify: _____
- Other(s)
Please specify: _____

11. What is your sexual orientation? (Please check all that apply)

- Straight or Heterosexual
- Lesbian
- Two-Spirit
- Pansexual
- Other (please specify) _____
- Gay
- Bisexual
- Queer
- Not sure or questioning

12. Are you living with any of the following? (Please check all that apply)

- Learning disability
- Mental health problems (e.g. depression)
- Problems with drugs
- Problems with alcohol
- Mobility impairment (e.g. I have difficulty walking/ I cannot walk at all)
- Hearing impairment (e.g. I have difficulty hearing even with hearing aid)
- Speech impairment (e.g. lisp, stutter, cannot speak at all)
- Visual impairment (e.g. I have difficulty seeing even with glasses)
- HIV/AIDS
- I am not living with any of these

This is another way of asking "do you have" any of the following...

13. Are you...? (Please check all that apply)

- Blind
- Deaf
- Neither

14. What grade are you in?

- Grade 6 or lower
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Post-secondary school (e.g., college, university, etc.)
- I don't go to school

15. Who do you live with? (Please check all that apply)

- Alone/roommate
- My boyfriend/girlfriend or partner
- Friend
- At least one parent (including adopted parents, stepparents, and caregivers)
- My children
- Extended family/other relatives
- Foster parents
- Group home
- Shelter/hostel
- Other (please specify) _____

16a. Have you ever been pregnant?

- Yes
- No
- Not sure

16b. Have you ever gotten someone pregnant?

- Yes
- No
- Not sure

17. We understand that "having sex" means different things to different people. In your opinion, have you had sex?

- Yes
- No
- Not sure

18. Have you had any of these sexual experiences? (Please check all that apply)

- Kissing
- Dry humping
- Vaginal intercourse
- Given or received oral sex (i.e. eating out or blow job)
- Given or received anal sex (i.e. sex in the ass)
- Masturbation (i.e. touched yourself or jerked off)
- Given or received a hand job
- Been fingered or fingered someone else
- Been rimmed or rimmed someone else (i.e. licking someone's asshole)
- Been fisted or fisted someone else
- Used sex toys (e.g. dildo, vibrator, etc.) with someone else
- I have not had any of these experiences

Some youth have had lots of these experiences and some have had none. Both are OK!

SECTION TWO: Going to the clinic



- 19. Have you ever gone to a clinic for any of these things? (Please check all that apply)**
- Information on safer sex
 - HIV test
 - Test for other sexually transmitted infections (e.g. Syphilis, Chlamydia, Gonorrhoea, Genital herpes)
 - Pap test (sometimes called a pap smear)
 - Birth control information or prescriptions (e.g. getting on the pill)
 - Information or instructions on condoms
 - Getting free condoms
 - Emergency contraceptive pill (sometimes called 'the morning after pill')
 - Pregnancy test (not a home pregnancy test)
 - Prenatal care
 - Abortion
 - Counselling for sexuality or sexual orientation
 - Counselling for sexual abuse, sexual assault or sexual violence
 - Hormones
 - Other (please specify) _____
 - I have not gone for any of these

- 20. Have you ever been to any of these places for sexual health services? (Please check all that apply)**
- Family doctor
 - Walk in clinic
 - Specialist doctor (e.g., Obstetrician, Gynecologist, Urologist)
 - Hospital/emergency room (please specify where) _____

East Toronto

- East End Community Health Centre
- The Gate (in Flemingdon Health Centre)
- Northwest Scarborough Youth Centre Clinic
- Scarborough Sexual Health Clinic
- South Riverdale Community Health Centre (Queen/Carlaw)

East Toronto cont....

- West Hill Community Health Centre
- Don't remember the name but is in East Toronto

Central/North Toronto

- Anne Johnston Health Station
- Birth Control and VD Information Centre (Eglinton/Bathurst)
- Crossways Clinic
- Davenport Perth Neighbourhood Centre
- The Talk Shop
- Don't remember the name but is in Central/North Toronto

Downtown

- Access Alliance Multicultural Community Health Centre
- Anishnawbe Health Centre
- The Bay Centre for Birth Control
- Centre Medico-social Communautaire/ Centre Francophone de Toronto
- Hassle Free Clinic
- Healthstyles
- The House (Planned Parenthood)
- Immigrant Women's Health Centre
- Parkdale Community Health Centre
- Queen West Community Health Centre (Queen/Bathurst)
- Regent Park Community Health Centre
- St. Michael's Hospital - Health Centre at 410
- St. Michael's Hospital - St. James Town Health Centre
- Sherbourne Health Centre
- Shout Clinic
- St. Lawrence Health Services
- The Teen Clinic - Hospital for Sick Children
- Toronto Western Hospital - Family Health Centre
- University Health Network - St. George Health Centre
- Women's Health In Women's Hands Community Health Centre
- Don't remember the name but is in Downtown Toronto

West Toronto

- Black Creek Community Health Centre
- Etobicoke Civic Centre Clinic
- Four Villages Community Health Centre
- (LAMP) Lakeshore Area Multiservice Project
- Lawrence Heights Community Health Centre
- The Jane Street Clinic
- Rexdale Community Health Centre
- Rexdale Youth Resource Centre
- Stonegate Community Health Centre
- York Community Services
- Don't remember the name but is in West Toronto

- Other place (please specify) _____
- I have never gone to any of these places for sexual health reasons.

21. Tell us what you thought about your visits to clinics for sexual health stuff. Circle how much you agree or disagree with the following statements.

I have never received sexual health services at a clinic. (Please go to question 22)

1= Agree 2= Somewhat Agree 3= No opinion 4= Somewhat Disagree 5= Disagree
 NA= Doesn't apply to me

a) Clinic was nonjudgmental	1	2	3	4	5	NA
b) Had positive attitude towards youth	1	2	3	4	5	NA
c) Had free/low-cost birth control or condoms	1	2	3	4	5	NA
d) Was confidential/private	1	2	3	4	5	NA
e) I felt comfortable asking questions	1	2	3	4	5	NA
f) Had positive attitude towards sex	1	2	3	4	5	NA
g) Location was close by or easy to get to	1	2	3	4	5	NA
h) The waiting room was really youth-friendly (e.g. had good music or magazines)	1	2	3	4	5	NA
i) Was physically accessible (e.g. wheelchair accessible)	1	2	3	4	5	NA
j) Provided all the services I needed	1	2	3	4	5	NA
k) I didn't have to make an appointment	1	2	3	4	5	NA

Question 21 continued...

l) Staff were sensitive to my religion	1	2	3	4	5	NA
m) Had positive attitude towards gay, lesbian, bisexual and transgender people	1	2	3	4	5	NA
n) Staff were sensitive towards my gender	1	2	3	4	5	NA
o) Staff had positive attitude towards teen pregnancy and parenting	1	2	3	4	5	NA
p) Staff were available to see me	1	2	3	4	5	NA
q) Provided good information	1	2	3	4	5	NA
r) Staff understood/spoke my language	1	2	3	4	5	NA
s) Staff were sensitive to my ethnic or cultural background	1	2	3	4	5	NA
t) The staff was of a gender I was comfortable with/ I was able to choose the gender of my clinical staff	1	2	3	4	5	NA

22. Of the list of things in question 21, what are the three most important things you want in a sexual health clinic? List the three corresponding letters (e.g. list the letter 'g' for "Location was close by or easy to get to")

_____ , _____ , _____

22a. Can you tell us anything else about what makes a GOOD sexual health clinic for youth?

22. Can you tell us anything else about what makes a BAD sexual health clinic for youth?

23. Which of these might stop you from going to a clinic for your sexual health?
(Please check all that apply)

- Fear of being judged or embarrassed by my friends
- Services not friendly towards youth
- I'm worried that services aren't confidential (i.e. kept secret)
- My parents'/caregivers' reactions
- Society's attitudes towards sex
- I can't be bothered to go
- Not physically accessible
- Location is far away
- I don't know what services or information I need
- Fear of being judged or embarrassed by staff
- I don't think I need services or information
- Homophobia, biphobia, transphobia
- Racism
- There is no one of my race or ethnicity that works there
- Sexism
- Services not available in my language
- I don't know where to go to get services
- My religion
- There are no posters on the wall that look like me or relate to my experience
- I think I'm too young
- I have to make an appointment
- I don't have an OHIP card
- I have no money to pay
- Not knowledgeable about my disability

Question 23 continued...

- Fear that what I'm doing is against the law
- I am not able to get hormones
- Childcare is unavailable
- I have complicated health needs.
If comfortable please specify: _____
- There is nothing stopping me

23a. Please tell us if there are any other things that might stop you that you can think of:

24. What are the three most important things we could do to help YOU get the sexual health info you need? (Please check THREE only)

- Make sexual health resources more public
- Recognize that sexuality and sex is important
- Make sure services are physically accessible
- Provide confidential services
- Parent education on healthy sexuality
- Make sure there are enough resources to reach all youth
- Outreach to youth instead of waiting for youth to receive services
- Make sure that staff are sensitive to my religion
- Recognize that youth are sexually active
- Have youth involved in peer sexual health education
- Provide services in my language
- Make sure staff and services are sensitive to my culture or ethnicity
- Increase hours that the clinic is open
- Make sure staff and services are sensitive to Gay, Lesbian, Bisexual and Transgender people

Please tell us if you have any other suggestions:

SECTION THREE: Getting info

3

25. Please check all of the places you have had sexual health classes or workshops.

- Elementary school (e.g. Kindergarten to Grade 8)
- High school
- Youth group (Please specify) _____
- Religious group (i.e. church, temple, mosque)
- Other _____
- I have never received sexual health classes or workshops

26. What kinds of things have you learned about? (check all that apply)

- Information on HIV/AIDS
- Information on sexually transmitted infections
- Information on communicating/talking about sex
- Information on pregnancy and birth control options
- Information on healthy relationships
- Information on sexuality or sexual orientation
- Information on sexual abuse/assault or sexual violence
- Information on sexual pleasure
- Other information (please specify) _____
- I have not received any sexual health information

27. What would you like to learn more about? (check all that apply)

- Information on communicating/talking about sex
- Information on healthy relationships
- Information on pregnancy and birth control options
- Information on sexuality or sexual orientation
- Information on HIV/AIDS
- Information on sexually transmitted Infections
- Information on sexual pleasure
- Information on sexual abuse/assault or sexual violence
- Other information (please specify) _____
- I don't want to learn more about sexual health

28. Where do you go when you have a question about sexual health stuff? (Please check all that apply)

- Friends
- Parents/caregivers
- Siblings or other relatives
- Teen Sex Information Program (MSN, email, phone)
- Other anonymous phone lines (e.g. Kids Help Phone, LGBTQ phone line, etc)
- School
- Media (books, magazines, TV, movies)
- Internet (please specify web site e.g. Google or sexualityandu.ca)_____
- Doctor or nurse
- Pharmacy/drug store
- Mall/shopping centre
- Sports team/coach
- Religious group (i.e. church, temple, mosque)
- Youth group (please specify)_____
- Community health service or clinic (please specify)_____
- Other place (please specify)_____
- I have never received sexual health information

29. Please check the top three places you would most like to go when you have a question about sexual health? (Please check THREE only)

- Friends
- Parents/caregivers
- Siblings or other relatives
- Teen Sex Information Program (MSN, email, phone)
- Other anonymous phone lines (e.g. Kids Help Phone, LGBTQ phone line, etc)
- School
- Media (books, magazines, TV, movies)
- Internet (please specify web site e.g. Google or sexualityandu.ca)_____
- Doctor or nurse
- Pharmacy/drug store
- Mall/shopping centre
- Sports team/coach
- Religious group (i.e. church, temple, mosque)

Question 23 continued...

Youth group

Please specify: _____

Community health service or clinic

Please specify: _____

Other place

Please specify: _____

Is there anything else that you would like to tell us?

***THANKS SO MUCH FOR FILLING OUT OUR SURVEY!
HAVE A GREAT DAY!!!***

