Supplementary material 2 Demographics and service
costings questions
Q11 Thank you for participating in the Queer Futures 2 interview about mental health support for LGBTQ+ young people when they first start experiencing mental health problems
The following short questionnaire of 8 questions asks some personal questions to help understand your experiences better. This questionnaire is entirely confidential . No information that could potentially identify you will be used alongside anything you have said
You can choose not to answer any of the questions.
Q1 1. How old are you? (Please write your age in years) Q2 2a. What label best describes your gender identity? (Please tick one option which be applies OR add an identifier that best reflects you)
O Woman (1)
O Gender fluid (2)
O Man (3)
O Non binary (4)
OR my preferred term (Please write) (5)

Q3 2b. Are you trans? i.e. is your gender now NOT the same as what you were assigned at birth (Please tick one option which best applies)
<u>O Yes (1)</u>
O No (2)
O Prefer not to say (3)
O Unsure (4)
Other (Please write) (5)
Q4 3. What label best describes your sexual orientation? (Please tick one option that best applies OR add an identifier that best reflects you)
O Asexual (1)
O Bisexual (2)
O Gay (3)
O Heterosexual (10)
O Lesbian (4)
O Pansexual (5)
O Queer (6)
O Questioning (7)
O Unsure (8)
OR My preferred term (Please write) (9)
Q5 4a. Have you been diagnosed with any disability? (Please tick one that best applies).
O Yes (1)
O No (2)
O Prefer not to answer (3)

Skip To: Q6 If 4a. Have you been diagnosed with Yes	any disa	bility? (P	lease i	tick one t	hat besi	tappli	<u>es). = </u>		
Q6 4b. If yes, which of the following applies to	you (P	lease tic	k how	vever ma	any tha	t appl	<u>y)</u>		
Sensory impairment (vision or hearing) (4	<u> </u>								
Mobility impairment (i.e. affecting your mo	vement) (3)							
Learning disability (1)									
	0)								
Mental health condition/s (Please write) (<u>2)</u> 								
Other (Please write) (5)									
Q7 5a. Do you have any mental health di depression, anxiety, self-harm (Please write b		that h	ave n	ot beer	<u>diagn</u>	osed'	? e.g.		
O Please write here (2)									
O Not applicable (1)							_		
O Not applicable (1)									
Q8 5b. Please respond to each question be	-	_		ider to i	ndicate	a nu	<u>ımber</u>		
from 0 which means 'not at all' to 10 which me	Not at a		<u>/ . </u>	Comp	letely				
	<u>0</u> <u>1</u>	<u>2</u> <u>3</u>	4	<u>5</u> 6	7 8	9	<u>10</u>		
	<u> </u>				<u>. </u>	<u> </u>	<u>10</u>	_	
Overall, how satisfied are you with your life nowadays? ()								Formatted: Font: (Default) A	rial
Overall, to what extent do you feel the								Formatted: Font: (Default) A	rial
things you do in life are worthwhile? ()	<u> </u>		_						
Overall, how happy did you feel yesterday?								Formatted: Font: (Default) A	rial
Overall, how anxious did you feel								Formatted: Font: (Default) A	rial
yesterday? ()			•						

Q9 6. Please select your ethnicity from the options (Please tick one that best applies)
O Indian (3)
O Pakistani (4)
O Bangladeshi (1)
O Chinese (2)
Other Asian background (Please write) (5)
O African (6)
O Carribbean (7)
O Black British (8)
Other Black/African/Caribbean/Black British (Please write) (9)
O English/Welsh/Scottish/Northern Irish/British (10)
O Irish (11)
O Gypsy or Irish Traveller (12)
Other White Background (Please write) (13)
O White and Black Carribbean (14)
O White and Black African (15)
O White and Asian (16)
O Another mixed ethnic background (Please write) (17)
O Arab (18)
O Any other ethnic group (Please write) (19)

Q14 7a. Do any of your parents/ carers have a university degree? (Please tick one only)
O Yes (1)
O No (2)
O I do not know (3)
Q15 7b. Have you ever received Free School Meals? (Please tick one only)
O Yes (1)
O No (2)
O I do not know (3)
Q10 7c. What is your highest qualification? (Please tick one only)
O No qualification (7)
O GCSE (4)
O Trade Apprenticeship (8)
O AS Levels (2)
O A Levels (1)
O HE Diploma (5)
O First degree (3)
O Higher Degree (6)

Q12 7d. Which of the following best describ	nes vour current	employment s	ituation? (Pl	225	
tick one only)	ics your current	<u>criipioyiricrit s</u>	ituation: (i i	<u>543C</u>	
O Full time (1)					
O Part-time (3)					
O Temporarily laid off (6)					
O Unemployed (8)					
O Retired (4)					
O Permanently disabled (7)					
O Homemaker (2)					
O Student (5)					
Other (9)					
of the below mental health professionals, in t	he last four week	'e			
<u>0</u> <u>1</u> <u>2</u> <u>appointmentsappointmentappoin</u>		<u>4</u>	5 or unitsappointments		
	ntmentsappointme	<u>4</u> entsappointme	ntsappointm		Default) Arial
appointmentsappointmentappoin Your GP ()	ntmentsappointme	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	
appointmentsappointmentappoin	ntmentsappointme	<u>4</u> entsappointme	ntsappointm	nents	
appointmentsappointmentappoin Your GP ()	ntmentsappointme	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial
A psychiatrist ()	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
Appointmentsappointmentappointmentappointmentsappointmentsappointmentappointm	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
A community mental health nurse or	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
A community mental health nurse or	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
A community mental health nurse or	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
A community mental health nurse or	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
A community mental health nurse or	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial
A community mental health nurse or	ottmentsappointmen	<u>4</u> entsappointme	ntsappointm	Formatted: Font: (D	Default) Arial Default) Arial

Q26 8b. If you have had contact with any other mental health professionals in the last four weeks, please write them down and indicate how many appointments you have had with each.

	1 appointment (1)	2 appointment (2)	3 appointments (3)	4 appointments (4)	5+ appointments (5)
Other 1 (Please write) (4)	0	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>
Other 2 (Please write) (5)	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>
Other 3 (Please write) (6)	<u>o</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>
Other 4 (Please write) (7)	<u>o</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>
Other 5 (Please write) (8)	0	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>

Q29 8c. If you have had contact with any other services (including helplines/online) in the last four weeks, please write them down and indicate how many appointments you have had with each.

	1 appointment (1)	2 appointments (2)	3 appointments (3)	4 appointments (4)	5+ appointments (5)
Other service (Please write) (4)	0	0	0	0	<u>O</u>
Other service (Please write) (5)	0	<u>0</u>	<u>O</u>	<u>O</u>	<u>o</u>
Other service (Please write) (6)	<u>o</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>o</u>
Other service (Please write) (7)	0	<u>O</u>	<u>O</u>	<u>o</u>	<u>O</u>
Other service (Please write) (8)	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>

Q19 8d. How many times have you had on weeks? (Please tick one that best applies)	cont	act v	with [case s	study	/ site	!] in 1	the I	<u>ast</u>	fou	<u>r</u>		
<u>O 0 (1)</u>													
<u>O 1 (2)</u>													
<u>O 2 (3)</u>													
<u>O 3 (4)</u>													
<u>O 4 (5)</u>													
<u>O 5 (6)</u>													
<u>O 6 (7)</u>													
<u>O 7 (8)</u>													
<u>O 8 (9)</u>													
<u>O 9+ (10)</u>													
											-		
Q27 8e. Please use the sliders below to tell u	JS W	/hen	vou h	ave ha	ad co	ntact	with	[cas	e s	tud	,		
site] in the last four weeks, what type of serv	ices		e you		and h		nany						
			_) T (162						
	<u>0</u>	<u>1</u>	2	2 1		_			_				
			= :	2 =	<u>5</u>	<u>5</u>	<u>6</u>	7 8	<u>3</u>	<u>9</u>			
One to one support with service staff ()				<u> </u>	<u>5</u>	<u>5</u>	<u>6</u>	7 8	<u>3</u>	9	_	/	Formatted: Font: (Default) Arial
One to one support with service staff () Peer support with other young people or a mentor ()			=	 	<u>5</u>	<u>5</u>	<u>6</u>	7 8	3	9	_	/(Formatted: Font: (Default) Arial Formatted: Font: (Default) Arial
Peer support with other young people or a					<u>5</u>	<u>5</u>	6	7 8	3	9			
Peer support with other young people or a mentor ()				+	5	<u>5</u>	6	7 8	<u>3</u>	9			Formatted: Font: (Default) Arial
Peer support with other young people or a mentor () Activity session e.g. workshop ()				+	5	5	6	7 8	3	9			Formatted: Font: (Default) Arial Formatted: Font: (Default) Arial
Peer support with other young people or a mentor () Activity session e.g. workshop ()				+	5	5	6	7 8	3	9			Formatted: Font: (Default) Arial Formatted: Font: (Default) Arial
Peer support with other young people or a mentor () Activity session e.g. workshop ()				+	5	5	6	7 8	3	9			Formatted: Font: (Default) Arial Formatted: Font: (Default) Arial
Peer support with other young people or a mentor () Activity session e.g. workshop ()				+	5	5	6	7 {	3	9			Formatted: Font: (Default) Arial Formatted: Font: (Default) Arial
Peer support with other young people or a mentor () Activity session e.g. workshop ()				+	5	5	6	7 {	3	9			Formatted: Font: (Default) Arial Formatted: Font: (Default) Arial