

GENDER DYSPHORIA QUESTIONNAIRE

Name (Last, First, Middle) \_\_\_\_\_

This form asks for very intimate information about you and your sexual and gender identities. People with gender dysphoria can be partially or completely misaligned with some or all aspects of the sex and/or gender assigned to them at birth. There is a wide spectrum of sexual and gender identities that fall within society's binary view of sex and gender. Our work is to bring you into alignment with wherever you see yourself on that spectrum. Please be as detailed as you can be as you answer this questionnaire.

1) Do you experience an incongruence between gender at birth and gender identity?

Yes  Somewhat  No

Please describe: \_\_\_\_\_

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2) At what age did you first start feeling this way? \_\_\_\_\_

3) Did you, as a child or adolescent, engage in activities or like to dress or wear your hair in a way that was associated with a gender not assigned to you at birth?

Yes  Somewhat  No

Please describe: \_\_\_\_\_

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4) Do you have a desire to be rid of any of your primary or secondary sex characteristics because of this incongruence?  Yes  Somewhat  No

Please describe: \_\_\_\_\_

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5) Do you have a desire to have any of the sex characteristics of the gender with which you identify?  Yes  Somewhat  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) How strong is your desire to be a gender that is different from that assigned at birth?  
1 (very low) to 10 (extremely high): \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Do you have a sense that you have the typical feelings and reactions and/or enjoy the traditional roles of the gender you were assigned at birth?  Yes  Somewhat  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) How distressed and/or impaired do you feel about your gender in social, academic, occupational, or intimate relational of life?

1 (not very) to 10 (extremely): \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Have you ever stopped doing or avoided activities due to gender incongruence or stigma related to gender identity?  Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Have you avoided sexual or intimate relationships due to incongruence with gender assigned at birth and/or your gender identity?  Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) Is there any other relevant information you can share to help me understand how you experience gender dysphoria and how it impacts your life?  Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_