

6. Thinking about your gender expression, how pressured do you feel by others to behave in ways that may be seen as stereotypical?

Not pressured 1-----2-----3-----4-----5 Very pressured

7. Thinking about your gender expression, how much pressure do you put on yourself to behave in ways that may be seen as stereotypical?

No pressure 1-----2-----3-----4-----5 Very pressured

8. Over the past month, how often have strangers perceived you as a boy, a girl, or do people seem to be unsure about your gender? Please provide and answer for each

			rarely	sometimes	often	
A boy	None of the time	1-----2-----3-----4-----5				All of the time
A girl	None of the time	1-----2-----3-----4-----5				All of the time
Unsure	None of the time	1-----2-----3-----4-----5				All of the time

9. How happy are you with the way people perceive you?

Very unhappy 1-----2-----3-----4-----5 Very happy

If you identify with a gender that is different to the one you were assigned to at birth, please could you complete the following questions? If No, please go to question 13.

10 a) How old were you when you started to identify with your current gender identity?

b) How did you identify before then?

c) What has influenced the way you understand/experience your gender?

11. In what areas of your life are you currently living as your identified gender?

- | | |
|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Work |
| <input type="checkbox"/> School / College | <input type="checkbox"/> Online |
| <input type="checkbox"/> None | <input type="checkbox"/> Additional activities |
| <input type="checkbox"/> Other: | <input type="checkbox"/> All areas of my life - If so, how old were you? |

12. What physical interventions would you like to access in relation to your identified gender?

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Hormone blockers | <input type="checkbox"/> Testosterone | <input type="checkbox"/> None |
| <input type="checkbox"/> Top surgery | <input type="checkbox"/> Oestrogen | |
| <input type="checkbox"/> Lower surgery | <input type="checkbox"/> Other surgery, please specify..... | |

* Current treatment stage: No physical interventions Hormone blockers Cross-Sex hormones

13. Is there anything else that you would like to share with us about these topics?
