

The following survey is being conducted by the American Educational Gender Information Service, Inc.
Please return it to AEGIS, P.O. Box 33724, Decatur, GA 30033-0724.

Instructions: There is no need to identify yourself by name, but you may do so if you wish. Please complete all items legibly. If you want to editorialize, do so, but please answer the question as asked. Do not leave any items blank. You may mark N/A (not applicable) for items which do not apply to you.

Results of this survey will be presented at the October, 1993 meeting of the Harry Benjamin International Gender Dysphoria Association, Inc. Results will be published in *Chrysalis Quarterly*, AEGIS' magazine, in the first half of 1994.

- | | |
|---|--|
| <p>1. Please write today's date: (mm/dd/yy)
____/____/____</p> <p>2. What is your date of birth? (mm/dd/yy)
____/____/____</p> <p>3. What is your age in years?
_____</p> <p>4. What was your sex of assignment at birth?
MALE: _____ FEMALE: _____</p> <p>5. In what gender are you living now?
MALE: _____ FEMALE: _____
If crossliving, for how long? _____</p> <p>6. Have you ever taken hormones?
YES: _____ NO: _____</p> <p>7. Have you had genital sex reassignment surgery?
YES: _____ NO: _____</p> <p>8. Do you plan to have sex reassignment surgery?
YES: _____ NO: _____</p> <p>9. Have you had breast reduction/chest reconstruction surgery?
YES: _____ NO: _____ (N/A if MTF)</p> <p>10. Do you consider yourself:
Transsexual: _____ Transgenderist: _____
Crossdresser: _____ Other (Specify): _____</p> <p>11. Have you ever heard about the Harry Benjamin International Gender Dysphoria Association (HBIGDA)?
YES: _____ NO: _____</p> | <p>12. Have you ever heard of the HBIGDA Standards of Care for Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons?
YES: _____ NO: _____ (If NO, go to #15)</p> <p>13. When did you first hear of the Standards of Care? (mm/dd/yy)
____/____/____</p> <p>14. From whom or where did you first learn of the Standards?
_____</p> <p>15. Have you ever been to a gender clinic?
YES: _____ NO: _____ (If NO, go to #17)
If YES, what year? _____</p> <p>16. Did anyone at the clinic tell you about the Standards of Care?
YES: _____ NO: _____</p> <p>17. Have you ever consulted a therapist (specify psychologist, psychiatrist, counselor, etc.) about your gender dysphoria?
YES: _____ NO: _____ (If NO, go to #21)</p> <p>18. Did he or she tell you about the Standards of Care?
Therapist #1: YES: _____ NO: _____
Psychologist: _____ Psychiatrist: _____
Counselor: _____ Other (Specify): _____
Therapist #2: YES: _____ NO: _____
Psychologist: _____ Psychiatrist: _____
Counselor: _____ Other (Specify): _____</p> <p>19. Did you tell your therapist about the Standards of Care?
Therapist #1: YES: _____ NO: _____
Therapist #2: YES: _____ NO: _____</p> |
|---|--|

20. Did you know about the Standards of Care when you entered therapy the first time?

YES: _____ NO: _____

21. Have you ever consulted a physician for hormones?

YES: _____ NO: _____ (If NO, go to #24)

22. Did the physician tell you about the Standards of Care?

YES: _____ NO: _____

23. Did you tell the physician about the Standards of Care?

YES: _____ NO: _____

24. Have you ever joined a support group?

YES: _____ NO: _____ (If NO, go to #26)

25. Did anyone at the support group tell you about the Standards?

YES: _____ NO: _____

26. Did another transgendered person tell you about them?

YES: _____ NO: _____

27. Have you ever told another transgendered person about the Standards of Care?

YES: _____ NO: _____

28. The Standards of Care require a 90 day evaluation period by a therapist before referral for hormonal therapy. Did you follow this standard?

YES: _____ NO: _____

29. Do you think this standard is a good idea?

YES: _____ NO: _____

Why or why not? _____

30. The Standards of Care require a one-year (minimum) period of full-time living in the new gender role before sex reassignment surgery. Did you follow this standard?

YES: _____ NO: _____

31. Do you think this standard is a good idea?

YES: _____ NO: _____

Why or why not? _____

32. The Standards of Care require a letter from a therapist for authorization of hormonal therapy and two letters from therapists for sex reassignment surgery. Did you follow this standard?

YES: _____ NO: _____

33. Do you think this standard is a good idea?

YES: _____ NO: _____

Why or why not? _____

34. Do you think that the Standards of Care serve a useful purpose?

YES: _____ NO: _____

Why or why not? _____

35. The Standards of Care require that the individual wish to be rid of the genitals in order to receive hormonal therapy. Do you agree with this standard?

YES: _____ NO: _____

Why or why not? _____

36. Do you believe that breast reduction surgery/contouring of a male chest in genetic females should be considered genital sex reassignment surgery (i.e. should require approval letters)?

YES: _____ NO: _____

Why or why not? _____

If you wish, you may address these or other issues on separate pages.