

Audit Questionnaire - Both genders

Thank you for participating in this questionnaire. There are 6 sections, which may take up to 30 minutes. Please answer this questionnaire first and then go on to the gender specific questionnaire.

Please use an extra sheet at any point in the questionnaire where you wish to answer more fully

Section 1: Your Details

1. What is your date of birth? _____
2. Which sex was recorded on your birth certificate?
Male Female
3. What is your post code? _____
4. What is your ethnic origin? (Please tick one only.)
White British Indian Caribbean Chinese
Irish Pakistani African
Bangladeshi
Other white background White & Black Caribbean
Other Asian Background White & Black African
Other Black background White & Asian
Other mixed background
Other Ethnic Group

Section 2: Referral, Assessment and Starting Treatment

5. What was the date of your first GP appointment in relation to your gender identity concerns (dd/mm/yy if known)?

6. Before being referred to the clinic you are currently using, were you initially referred to a local psychiatrist/psychologist about your gender identity concerns?
Yes No
If no please explain why below:
7. If yes, on what date did you see the local psychologist/psychiatrist (dd/mm/yy if known)? _____
8. If you were not referred to a local psychologist/psychiatrist, were you referred by your GP, initially, to a specialist Gender Clinic (GIC)?
Yes No

9. If you were not referred to a local psychologist or psychiatrist or a GIC what action did your GP take? (Please tick all that apply.)
- Nothing – GP refused to treat me.
- Nothing – I ended up seeing another GP to refer me to a local psychiatrist / psychologist or specialist GIC.
- Nothing – I paid for a private referral instead.
- Referred me to a local counsellor.
- Recommended inappropriate treatment (i.e. antidepressants).
10. If your GP did not refer you, who did refer you to a GIC?

11. Whoever referred you, how many times did you see this person before they referred you to a GIC?

12. Which GIC did you attend?

Charing Cross	<input type="checkbox"/>	Leeds	<input type="checkbox"/>
Sheffield	<input type="checkbox"/>	Bristol	<input type="checkbox"/>
Leicester	<input type="checkbox"/>	Brighton	<input type="checkbox"/>
Nottingham	<input type="checkbox"/>		

Other (please state):

13. On what date did you first attend this clinic (dd/mm/yy if known)?

14. How long from being referred to the GIC did you wait for your first appointment?

15. How long did your first appointment with a Gender specialist psychiatrist last? (Please tick one.)

Less than 10 mins	<input type="checkbox"/>	Less than 15 mins	<input type="checkbox"/>	Less than 20 mins	<input type="checkbox"/>
Less than 30 mins	<input type="checkbox"/>	Less than 40 mins	<input type="checkbox"/>	Less than an hour	<input type="checkbox"/>
More than an hour	<input type="checkbox"/>				

16. How many times did you see someone at the GIC before you were provided with hormone therapy?

Once Twice Three times Four times

17. Did any of the following offer you a referral for counselling?

GP Psychiatrist Not offered counselling

Other (please state):

18. Before hormone treatment was started was any form of health check carried out and did this include baseline hormone levels or other blood tests?

Health Check: Yes No
Baseline Hormone levels tested: Yes No
Other Blood Test/s: Yes No

Other, please state: _____

19. Did you see an endocrinologist (a specialist in hormones) prior to starting hormone treatment?

Yes No

20. After starting hormone treatment did you see the endocrinologist again?

Frequently Rarely At least once Never

21. On what date did you transition to live permanently in the gender opposite to that stated on your original birth certificate (dd/mm/yy)?

22. How many transgender related surgeries have you had? Please tick all that apply and give approximate dates.

Male to female trans woman

	Date
Breast augmentation	<input type="checkbox"/> _____
Orchidectomy (to remove the testicles)	<input type="checkbox"/> _____
Penectomy (to remove the penis)	<input type="checkbox"/> _____
Vaginoplasty (to create a vagina)	<input type="checkbox"/> _____
Full vaginoplasty (all of the above - orchidectomy, penectomy and vaginoplasty - in one surgical procedure)	<input type="checkbox"/> _____
Other operation (please describe):	<input type="checkbox"/> _____

Female to male trans man

Bilateral mastectomy (to remove the breasts and to sculpt a masculine chest)	<input type="checkbox"/> _____
Other operation (please describe):	<input type="checkbox"/> _____

23. Are you still seeing a Gender specialist psychiatrist on a regular basis?

Monthly Every 3 months Every 6 months
Yearly No

24. Is this your choice?

Yes No

25. Notwithstanding any future gender related surgery you may need (eg phalloplasty, vaginoplasty) do you consider your need for psychiatric monitoring to be finished?

Yes No

26. Do you still attend a specialist Gender clinic on a regular basis?

Yes No

Please comment further below:

27. At any stage in your treatment were you given the opportunity to have a family member/partner present? (Please tick all that apply.)

With the GP At the GIC With the hormone specialist
With the surgeon Never

28. If you did not have this opportunity would you have liked to have been able to involve a family member/partner in your treatment?

Yes No

Section 3: Your GP

29. Did/do you feel your GP was able to adequately support and help you in your decision to seek gender reassignment?

Always Sometimes Never

30. If no, did you change your GP because of this?

Yes No

Please explain below and state whether or not you changed your GP more than once:

31. When you saw your GP did/do you feel they address/ed your needs appropriately?

Always Sometimes Never

If no please explain why below:

32. When you first went to your GP did you already think of yourself as transsexual?

Yes No

33. Did you have a clear idea of what treatment you wanted?

Yes No

Please explain below:

34. Was/is your GP knowledgeable of treatment for trans people?

Yes No

35. Did your GP explain what treatments were available?

Yes No

36. Did/does your GP accept the information you provide concerning appropriate treatments and/or operations?

Yes No

37. Did/does your GP understand that you will require hormone supplementation for life?

Yes No

38. How many appointments, relating to being trans, did you have to have with your GP before a referral was made to a psychologist/psychiatrist?

One Two Three Four

39. Did your GP talk to you to see whether you had any other immediate health care needs arising from your gender issues? (e.g.: depression or anxiety)

Yes No

40. Did/does your GP maintain and/or encourage regular further appointments with him/her?

Yes No

41. Did/does your GP regularly keep in touch with the specialist GIC care providers?

Yes No

42. Relating to your gender identity, what was your worst experience with your GP?
Please describe:

43. Relating to your gender identity, what was your best experience with your GP?
Please describe:

44. Did your GP at any stage refuse to prescribe you hormones even though the psychiatrist/psychologist had said they were in favour of prescribing them?

Yes No

45. If yes, what reason was given? (Please tick any that apply):

A question over your mental state

A question over your physical state

A question of another illness

Other reason given (please state):

46. Do you feel your GP has ever been reticent in supporting your need for reconstructive genital surgery?

Yes No N/A

47. Did you move home before you had obtained your desired final surgery, so that your new GP came under another Healthcare Trust?

Yes No

48. If yes, did you experience any difficulties continuing your treatment after this change of GP?

Yes No N/A

If yes please describe below:

49. Does your GP ensure you are on relevant health screening programmes?

Yes No

If no, do you know why? Please comment:

Section 4: Your experience at a Gender Identity Clinic

50. Did you have to sign any written agreement of terms under which treatment would be provided?

Yes No

51. If yes, were you able to contribute and say what should be in the agreement so that you felt that the agreement took notice of your individual circumstances?

Yes No N/A

52. If you did not sign any such agreement that was put before you, were you still able to progress with your treatment under that clinic?

Yes No N/A

53. Other than psychiatric appointments, what other services did the gender clinic offer? (Please tick all that apply.)

Voice therapy	<input type="checkbox"/>	Electrolysis or laser hair removal	<input type="checkbox"/>
Dress and deportment classes	<input type="checkbox"/>	Blood tests	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Group therapy	<input type="checkbox"/>
Support group meeting	<input type="checkbox"/>	None	<input type="checkbox"/>

Other (please describe):

54. Approximately how many times in total did you attend a psychiatric session during your treatment at the gender clinic?

55. Were any appointments ever cancelled by the gender clinic?

Yes No

56. Were you given sufficient notice if this happened?

Yes No

If no please give details below:

57. When making the appointment were your personal circumstances taken into account e.g. travel times to the clinic, if you have a disability and so may experience difficulties with public transport or if you would have to arrange an overnight stay?

Yes No

58. During your visits to the clinic, how many different psychiatrists did you see?

One Two Three More than three

59. Did/do you have a lead psychiatrist in charge of your case?

Yes No

60. If yes, did/do you feel that your regular psychiatrist was supportive and knowledgeable about your specific needs?

Yes No I do/did not have a regular psychiatrist

61. Were there any medical, nursing or other staff at the GIC whose responsibility it was to explain all your treatment options to you?

Yes No

62. At the GIC, were you given an opportunity to discuss your personal preferences for different treatments you wished to undertake?

Always Sometimes Never

Please give details below:

63. Did you feel your preferences for different treatments were taken into account when the psychiatrist reached their decision as to what hormones you might have or which surgeon you would be referred to?

Always Sometimes Never

Please give details below:

64. Did the GIC require you to see a second psychiatrist for his/her opinion before you would be prescribed hormone treatment?

Yes No

If yes, how long was it between seeing the first and the second psychiatrist?

65. Who initially decided what hormones and dose you could have? Please tick one box:

GP Psychiatrist Endocrinologist

Other (please state):

66. Did the GIC insist you have separate counselling sessions?

Yes No

67. Did you receive separate counselling and if so from whom? (Please tick all that apply.)

No counselling Other gender specialist
Psychiatrist Non specialist counsellor

68. At the GIC, were you told of any meetings or forums for service users or patient groups within the clinic?

Yes No

If yes, were you given the opportunity to find out more and get involved in this group or forum?

Yes No

69. Did the psychiatrist at the GIC give you enough support (e.g. by writing regularly to your GP, writing a letter so you could change your name or writing letters confirming treatment for your workplace)?

Always Sometimes Never

70. If you had already largely started living in your preferred gender role before your first appointment at the GIC was this recognised by the clinic?

Yes No N/A

Please give details below:

71. If you had already started living permanently in your new gender role (transitioned) before your first appointment at the GIC was this accepted as satisfying some or all of the Real Life (test) Experience?

Yes No N/A

Please give details below:

72. If you had not started living permanently in your new gender role (transitioned) before your first appointment at the GIC do you feel the GIC did everything it could to make the experience as positive and simple as possible?

Yes No N/A

Please give details below:

73. Did/do you feel you had/have the power to make decisions about your treatment so long as you understood the implications and the risks involved? (i.e.: that you were able to give informed consent to treatments, for example you knew the risks of hormone therapy whilst smoking.)

Yes No

74. Did/do you ever feel that you had/have to keep any part of your sexuality, personal behaviour(s) or lifestyle secret because if known, it would result in either treatment not starting or being stopped?

Yes No

If yes please explain why below:

75. How do you feel about the psychiatric sessions you underwent? (Please tick whichever option best describes your opinion.)

Really helpful Obstacle to overcome
Necessary Both good and bad aspects

76. At your first appointment at the GIC, did someone explain to you the criteria that would be applied before they would refer you for any gender reassignment (GR) surgery?

Yes No

If yes, later on, did you feel that the criteria as explained were applied?

Yes No

77. Did you have to ask for a surgical referral for your first operation?

Yes, had to ask No, was offered without me having to ask

78. Were you offered a choice of surgeons for the type of surgery being considered?

Yes No

79. Please tick any operations where you were offered a choice of surgeon:

Male to female - trans woman

Breast augmentation
Orchidectomy (to remove the testicles)
Penectomy (to remove the penis)
Vaginoplasty (to create a vagina)
Full Vaginoplasty (the above; orchidectomy, penectomy and vaginoplasty in one surgical procedure)

Other operation:

Female to male - trans man

Bilateral mastectomy (to remove the breasts and to sculpt a masculine chest)
Vaginectomy (to remove the vagina)
Phalloplasty (to create a penis)

Other operation:

Please give details of hospital used and any choices you were given:

80. Did your psychiatrist at the GIC refer you to the surgeon, or did you have to ask your GP to refer you onwards to the surgeon?

Referred direct from GIC Had to go back to GP
Other (please state):

81. If you can, please list the length of time between the first and second referral for the different surgery/ies? (Please give approximate waiting time and date of operation(s).)

Male to female trans woman

Length of time between referrals (months)

Breast augmentation _____
Orchidectomy (to remove the testicles) _____
Penectomy (to remove the penis) _____
Vaginoplasty (to create a vagina) _____
Full Vaginoplasty (all of the above - orchidectomy, penectomy and vaginoplasty - in one surgical procedure) _____
Other operation (please describe): _____

Female to male trans man

Bilateral mastectomy (to remove the breasts and to sculpt a masculine chest) _____
Vaginectomy (to remove the vagina) _____
Phalloplasty (to create a penis) _____
Other operation (please describe): _____

82. At the GIC, did anyone discuss with you the potential problems associated with surgery including surgical and psychological outcomes?

Yes No

83. At the GIC, did anyone discuss with you and explain to you what the effects of genital surgery on your sex life may be?

Yes No

84. After your first visit to the GIC did you go back for any more appointments to continue with your treatment /transition?

Yes No

85. If no, why not? (Please tick one only.)

They refused to see me again.
I chose not to go back as I did not like it there.
I decided I did not want to continue treatment.

Other (please explain): _____

86. Overall, were you happy with the service you received at the GIC?

Yes, totally Yes, there was more good than bad
No, there was more bad than good No, not at all

Section 5: Hormone Therapy

87. On what date did you first receive hormones? _____

88. Do you feel you should have been prescribed hormones sooner than you were?

Yes No

89. Please give details of your hormone regime (please list drugs taken and dosage):

90. Have you used GnRH analogue?

Yes No

91. Have you had any medical or other problems of any kind associated with your hormone therapy?

Yes No

If yes, please explain exactly what the problem was and what the hormone concerned is known as (e.g. peaking on Sustanon, polycythemia, or too low a dose of Oestradiol for change to occur etc):

92. Was this problem with your hormone therapy sorted out to your satisfaction?

Yes No

93. Do you feel satisfied and healthy with respect to your hormone regime?

Yes No

If no, why not and how do you think this could be improved? Please explain:

Section 6: Funding

94. Was the question of funding ever raised by your GP?

Yes No

95. Did your GP ever suggest treatment could not be funded or that it was against local funding policy to provide treatment?
 Yes No

96. When you were first referred to a GIC, were any issues raised regarding funding being available for this appointment?
 Yes No

If yes please explain what reasons were given for funding not being available:

97. Was funding readily available for hormone treatment?
 Yes No

If no please explain why below:

98. When you were told you would be referred for surgery, were you told the waiting list times for surgery/ies?
 Yes No

99. If yes, what were the waiting list time(s)?

Male to female trans woman

Waiting times

- Breast augmentation
- Orchidectomy (to remove the testicles)
- Penectomy (to remove the penis)
- Vaginoplasty (to create a vagina)
- Full Vaginoplasty (all of the above - orchidectomy, penectomy and vaginoplasty - in one surgical procedure)
- Other operation (please describe):

Female to male trans man

- Bilateral mastectomy (to remove the breasts and to sculpt a masculine chest)
- Vaginectomy (to remove the vagina)
- Phalloplasty (to create a penis)
- Other operation (please describe):

100. If you have had NHS surgery(ies) how long did you actually have to wait after referral?

Male to female trans woman

Actual time waited

- Breast augmentation
- Orchidectomy (to remove the testicles)

Penectomy (to remove the penis) _____
 Vaginoplasty (to create a vagina) _____
 Full Vaginoplasty (all of the above - orchidectomy, penectomy
 and vaginoplasty - in one surgical procedure) _____
 Other operation (please describe): _____

Female to male trans man

Bilateral mastectomy (to remove the breasts and to sculpt a
 masculine chest) _____
 Vaginectomy (to remove the vagina) _____
 Phalloplasty (to create a penis) _____
 Other operation (please describe): _____

101. From the beginning, did you choose to use private treatment rather than NHS treatment?

Yes No

If yes please explain why you chose to go privately rather than go through the NHS?

102. If you originally intended to use the NHS for your gender reassignment (GR) treatments, did you ever have to pay to see a GP and/or psychiatrist, counsellor or any other health professional privately in order to either obtain or progress your GR treatments? (Please tick all that apply.)

No First referral Second referral Surgical consultation

Please give more details of who you saw and why:

103. When you were referred for surgery at any point were you told that funding was not available for:

The surgery itself? Yes No
 The surgeon you had chosen to go to? Yes No

If yes to either, was funding agreed after an appeal?

Yes No

Please give details below:

104. Did you pay to have any of your operations privately? (Please tick all that apply.)

Male to female trans woman

- Breast augmentation
- Orchidectomy (to remove the testicles)
- Penectomy (to remove the penis)
- Vaginoplasty (to create a vagina)
- Full Vaginoplasty (all of the above - orchidectomy, penectomy and vaginoplasty - in one surgical procedure)
- Other operation (please describe):

Female to male trans man

- Bilateral mastectomy (to remove the breasts and to sculpt a masculine chest)
- Vaginectomy (to remove the vagina)
- Phalloplasty (to create a penis)
- Other operation (please describe):

If yes please explain why below:

Section 6: Patient Satisfaction

105. How long was the period of time between the first day of your transition to the date of your first gender reassignment surgery?

106. Please rate your experiences of the Real Life Experience (RLE) on a scale of 1 to 10, where 1=very bad, 10=excellent.

	1	2	3	4	5	6	7	8	9	10
Your RLE in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your RLE in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your RLE with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your RLE with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your RLE with your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107. Please use the box below to make any comments you would like to regarding your Real Life Experience.

108. Do you think your healthcare at your GP surgery could be improved?

- Yes No

Please comment below:

109. Do you think treatment for trans people at GICs could be improved?

Yes No

Please comment below:

110. What was your worst transitioning experience? Please describe:

111. What was your best transitioning experience? Please describe:

112. Have you ever been ever made to wait for or refused treatment relating to another medical condition (other than being trans) because a doctor, nurse or other health care professional did not approve of gender reassignment?

Yes No

If yes, please give details below, explaining when and where this happened and what was said or done:

113. Do you think that being trans has adversely affected the way you have been treated by doctors, nurses or other healthcare professionals?

Yes No

If yes, please explain in what way being trans has adversely affected the way you have been treated by a doctor, nurse or other healthcare professional:

114. Would you describe yourself as currently being a healthy person?

Yes No

If no, do you think any of your ill health is attributable to any part of your transition or new gender role medical treatment? (E.g. you may now have depression, having not suffered previously or your surgery has caused specific problems.)

115. How many years were there between first informing your GP of your gender problems until the final operation or point of closure when you felt your gender identity problems had been resolved to your satisfaction? (Please explain closure or end point for you.) If you are still undergoing treatment please go to Q116.

116. If you are still receiving treatment or waiting for further treatment or surgery(ies) and have yet to reach a point of closure please give number of years between first informing your GP of your gender identity problems and the present day. If possible please also estimate the time remaining until resolution of these problems and why they are currently unresolved.

117. Do you think that the time taken by the transitioning process has affected your life, finances, personal relationships, and work?

General life:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Finances:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Personal relationships:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Work:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please explain below:

Thank you for participating in this Audit Project. Please now complete the gender specific (MtF/FtM) questionnaire.

You may complete the gender specific questionnaire at a different time but please send them both back to us together.