

Family and Friends Survey - Part 1

Hand Over to Clinic

Sixteen Questions Based on DSM-5-TR Criteria

To develop this survey, we have rewritten the DSM-5-TR criteria into questions suitable for family members and acquaintances. We took two characteristics from the child section and applied them to the adolescent's behavior (Q7 and 8).

Present

1. Is there a clear visible discrepancy between the expressed gender (gender expression) and the biological sex?
Yes / No / Unclear
2. Does the person express a strong desire to get rid of their primary or secondary sex characteristics?
Yes / No / Unclear
3. Does the person present themselves clearly as the opposite sex in their clothing and behavior?
Yes / No / Unclear
4. Does the person strongly express a desire to become as the opposite sex?
Yes / No / Unclear
5. Does the person strongly express a desire to be treated as the opposite sex?
Yes / No / Unclear
6. Does the person display typical feelings and reactions normally associated with the opposite sex?
Yes / No / Unclear
7. Do you see expressions in their music preferences, movies, anime, hobbies, that are stereotypical for the opposite sex?
Yes / No / Unclear
8. Do you observe whether the person prefers socializing with the opposite-sex groups?
Yes / No / Both

Past

9. Did the person show a strong desire to be of the opposite sex as a child?
Yes / No / Unclear
10. Did the person wear clothing typical for the opposite sex as a child?
Yes / No / Unclear
11. Did the person show a strong preference for roles of the opposite sex in fantasy or imaginative play as a child?
Yes / No / Unclear
12. Did the person show a strong preference for toys, games, or activities stereotypically associated with the opposite sex as a child?
Yes / No / Both
13. As a child, did the person have a strong preference for playmates of the opposite sex?
Yes / No / Both
14. As a child, did the person have a strong aversion to toys, games, and activities typical for their sex?
Yes / No / Unclear
15. As a child, did the person have a strong aversion to their own sexual anatomy?
Yes / No / Unclear
16. As a child, did the person have a strong desire for physical sex characteristics that match their experienced gender?
Yes / No / Unclear

Family and Friends Survey - Part 2

Questions about the Person's Background and Social Influence

Hand Over to Clinic

1. Did the trans identity emerge abruptly during or after puberty without prior signs in childhood?
Yes / No / Don't know
2. Do you think the person could be influenced by friends?
Yes / No
3. Are their transgender/non-binaries/'queer' people in their class or friend group?
Yes / No / Don't know
4. Do you think online information plays a role in the person's self-diagnosis?
Yes / No / Don't know
5. Do you think this person could be having other mental health conditions such as anxiety, depression, or autism spectrum disorder? Yes / No / Don't know
If yes, what notable behavior does the individual exhibit?
6. Did the person behave differently as a child or before the expression of their self-diagnosis compared to now? Yes / No
If yes, can you describe how that change appears?
7. Did the person distance from the family and/or former friends shortly prior or after his/her 'coming out as trans/non-binary'? Yes / No
8. Are most of their friendships and activities now related to their trans identity?
Yes / No / Don't know
9. Do you have the impression that the person is confused about their identity and is making an incorrect self-diagnosis? Yes / No
10. Do you think for the person, a trans identity could just be a temporary interesting thing?
Yes / No / Don't know

1. Should the family's impression be strongly considered in the diagnosis?
Yes / No
Why do you think that?

2. Should the opinions of the general practitioner and other healthcare providers also be sought and considered?
Yes / No

3. Do you think the person might be homosexual or bisexual or asexual?
Yes / No

4. Could there be inner shame about potential homosexuality in the person?
Yes / No / Don't know

5. Could the family have problems with homosexual people?
Yes / No / Don't know
If yes, can you provide an explanation?

6. Could their religious group/workspace/sports club have problems with homosexual people?
Yes / No / Don't know

7. Do you have insight into what makes the person unhappy with their body?
Yes / No
If yes, please clarify.

8. Have you yourself ever experienced serious gender related distress when you were younger, or now?
Yes / No
If yes, please clarify.

9. Is there anything else you would like to add with regards to the person's diagnosis or to this questionnaire?

Medical literature documents the following major potential health complications:*

Puberty Blockers:

- Permanent impairment of sexual function, including fertility, no development of orgasm ^{32,33}
- Long-term effects on bone density (osteoporosis) and development ¹⁰
- Negative impact on neuropsychological functioning ¹⁰
- Underdeveloped genital tissue, potentially compromising future surgical options ¹¹

Estrogen Treatment (in combination with (off-label use of) anti-androgens):

- Increased mortality risk ¹²
- Insulin resistance (33% of patients) with elevated diabetes risk ¹³
- Increased cancer risk, particularly breast and liver, meningioma (brain membrane tumor), and liver damage
- 26x more chance to get testicular cancer (1 in 100 patients) ¹⁴
- Significant weight gain and body fat redistribution
- Thrombosis (5% of transwomen, 22x higher than cis men) ¹⁵
- Cardiovascular complications, death rate 2.6x higher ¹²
- Severe muscle mass reduction
- Permanent infertility (very common) ¹⁶
- Sexual function changes, impotence ¹⁷
- Progressive bone density loss

Post-Surgical Complications (Following Vaginoplasty):

- Organ prolapses (up to 7.5%) ¹⁸
- Urinary incontinence (up to 15%) ¹⁸
- Chronic urinary tract symptoms (up to 20%) ¹⁸
- Death caused by infections, death rate 9x higher ¹²
- Sexual dysfunction (up to 75%) ¹⁸
- No orgasm (studies are incredible flawed and present distorted numbers due to bad methodology)

Universal Considerations:

- **11% of the males (trans women) mean age 23, died after average 11 years** ¹²
- Permanent dependence on hormone therapy and medical supervision ^{19,20}
- Substantial risk of severe medical complications ^{11-16,18,21-27, 32,33,36}
- High probability of permanent reproductive and sexual loss ¹⁶
- Persistent elevated suicide risk post-transition, death rate 7x higher among men ¹²
- Irreversible changes with limited long-term research, effects not understood ²⁸
- Extreme limited dating pool causing loneliness, lack of intimacy, relational stress, depression...
- No demonstrated mental health benefits (PB and CSH, surgery) ⁷

Question to family member: Now that you have thoroughly reviewed these medical implications understanding the potential lifetime impacts, Do you think this is the optimal treatment path?

Yes / No

Question to clinic: Have you thoroughly reviewed these medical implications, advised the patient of them, and determined that this is the optimal treatment?

Yes / No If yes, Why is this the most optimal treatment?

Dr. Stephen Levine - The Reality Behind 'Trans' Youth Evaluations (Denver, USA, 2023)

"I ask them before they start the hormones that if you get depressed, I want you to consider the possibility that it's because of your transition and not something else. And I want you to have the strength and courage to recognize that. Like many of us in life, you might have made a mistake.

*As far as I can see endocrinologists almost never stop the application of hormones to the people they have started with. All the detransitioners, if you talk to them, stopped their hormones, not the doctor. **Even when they're depressed, even when they have made a suicide attempt, the doctor continues the treatment.**"*

10b. Informed Consent Question (Related to Females)

Medical literature documents the following major potential health complications: *

Puberty Blockers:

- Permanent impairment of sexual function, including fertility, no development of orgasm ³⁴⁻³⁶
- Long-term effects on bone density (osteoporosis) and development ¹⁰
- Negative impact on neuropsychological functioning ¹⁰

Testosterone Treatment:

- Increased mortality risk ¹²
- Progressive bone density loss (14% develops osteoporosis, 22% develops osteopenia) ²⁹
- Vaginal tissue atrophy ²¹ and urinary complications (87%) ^{22,30}
- Hysterectomy/oophorectomy (removal of the womb and ovaries) typically required after 3-5 years of treatment due to chronic problems ²²
- Chronic pelvic and genital pain ²³ and permanent infertility ²²
- Ovarian cysts and endometrial complications ²³
- Metabolic disruption ²⁴ and weight gain and appetite changes ²⁶
- Significant mood and emotional changes ¹⁰
- Severe liver complications ²⁵
- Pelvic floor dysfunction (PFD) (94%) ³⁰ and sexual dysfunction (53%) ³⁰
- Anorectal symptoms (45%) ³⁰

Post-Surgical Complications (Following Hysterectomy and Phalloplasty):

- Organ prolapses (up to 4%) ¹⁸
- Urinary incontinence (up to 50%) ¹⁸ and chronic urinary tract symptoms (up to 37%) ¹⁸
- Sexual dysfunction (up to 54%) ¹⁸
- No orgasm (studies are very flawed and present distorted data due to bad methodology)

Universal Considerations:

- **3% of the females (trans men) mean age 30, died after average 5 years** ¹²
- Permanent dependence on hormone therapy and medical supervision ^{19,20}
- Substantial risk of severe medical complications ^{11-16,18,21-27,34,35,36}
- High probability of permanent reproductive and sexual loss ¹⁶
- Persistent elevated suicide risk post-transition, death rate 3.3x for women ¹²
- Irreversible changes with limited long-term research, effects not understood ²⁸
- Extreme limited dating pool, causing lack of intimacy, relational stress, depression...
- No demonstrated mental health benefits (PB and CSH, surgery) ⁷

Testosterone is a Schedule III Drugs

A simplified overview; for a more detailed explanation, refer to the DEA drug scheduling. ³¹

- Schedule I: Heroin, LSD, marijuana, MDMA (ecstasy), peyote
- Schedule II: Cocaine, methamphetamine, methadone, fentanyl, Dexedrine, Ritalin
- Schedule III:** Ketamine, codeine (in certain formulations), anabolic steroids, **testosterone**
- Schedule IV: Valium, Xanax, tramadol
- Schedule V: Cough syrups containing low levels of codeine

It is often noted that girls who take testosterone initially view it as a positive experience. This isn't surprising, as testosterone can have stimulating effects similar to other drugs. While the first few years may feel like a 'honeymoon phase', over time, its mental and physical side effects often emerge, leading to what could be described as the 'hangover years'.

Question to family member: Now that you have thoroughly reviewed these medical implications understanding the potential lifetime impacts, Do you think this is the optimal treatment path? Yes / No

Question to clinic: Have you thoroughly reviewed these medical implications, advised the patient of them, and determined that this is the optimal treatment? Yes / No If yes, Why is this the most optimal treatment?

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*Sources on the next page.

1. What is your age?
2. What is your level of education?
3. What is your most recent job position?
4. Are you religious?
Strong / Serious / Medium / I believe in 'something' / Not at all
5. How would you describe your political orientation?
Left / Right / Center / Don't want to say
6. What is your stance on freedoms such as same-sex marriage, euthanasia, abortion, and gender transition (if well-researched)?

Mark with a tick	same-sex marriage	euthanasia	abortion	gender transition
Fantastic that this is possible
No problem with it
I don't care what others do
Concerning
Strongly against

Sources for informed consent questions on the previous pages.

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12 C.J.M. de Blok et al. (Sep 2021) Mortality trends over five decades in adult transgender people receiving hormone treatment: a report from the Amsterdam cohort of gender dysphoria <https://www.transvisie.nl/wp-content/uploads/2021/09/lancet-mortality-transgender.pdf>

13 A. Maassen van den Brink & A.J. van Zonneveld (16 sep 2019) De rol van hormonen bij migraine en diabetes <https://www.zonmw.nl/nl/artikel/de-rol-van-hormonen-bij-migraine-en-diabetes#:~:text=Als%20je%20wilt%20onderzoeken%20wat,ontwikkelt%2C%20een%20voorstadium%20van%20diabetes>

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15 M. Kerrebrouck et al. (20 Jan 2022) Thrombophilia and hormonal therapy in transgender persons: A literature review and case series <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9621226/>

16 Paula Amatoet al. Fertility Details for Trans Women <https://www.fertilityiq.com/fertilityiq/trans-feminine-fertility/fertility-details-for-trans-women#transition-and-fertility>

17 N. Fujita et al. (11 June 2024) Association between sex hormones and erectile dysfunction in men without hypoandrogenism <https://www.nature.com/articles/s41598-024-64339-3>

18 M. Dominoni et al. (14 Nov 2024) Pelvic floor and sexual dysfunctions after genital gender-affirming surgery: a systematic review and meta-analysis <https://pubmed.ncbi.nlm.nih.gov/39545366/#:~:text=Sexual%20dysfunctions%20were%20reported%20by,irritative%20symptoms%20up%20to%2037%25>

19 M. Fradd How the Medical World Is Creating Lifelong Patients <https://pintswithaquinas.com/how-the-medical-world-is-creating-lifelong-patients>

20 M. den Heijer Long term hormonal treatment for transgender people <https://www.bmj.com/content/bmj/359/bmj.j5027.full.pdf>

21 P. J. Cheng et al. (June 2019) Fertility concerns of the transgender patient <https://pubmed.ncbi.nlm.nih.gov/articles/PMC6626312/>

22 Information on Cleveland Clinic website <https://my.clevelandclinic.org/health/diseases/15500-vaginal-atrophy>

23 Juno Obedin-Maliver (June 2016) Pelvic pain and persistent menses in transgender men <https://transcare.ucsf.edu/guidelines/pain-transmen>

24 Leila Hashemiet al. (June 2024) Gender-Affirming Hormone Treatment and Metabolic Syndrome Among Transgender Veterans <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820670>

25 Liver Care for Transgender and Gender-Diverse Individuals <https://www.uchicagomedicine.org/conditions-services/transgender-care-services/liver-disease-care>

26 J. Mitchell (19 Aug 2021) Testosterone linked to weight gain and higher rates of obesity among transmasculine people; physicians should monitor long term weight changes in transgender patients <https://www.bidmc.org/about-bidmc/news/2021/08/study-reveals-gender-affirming-hormone-therapies-impact-obesity-transgender-individuals>

27 E. Abbruzzese et al. (2 Jan 2023) The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed <https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2150346>

28 Helene Frances Hedian Gender-Affirming Hormone Therapy (GAHT) <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/gender-affirming-hormone-therapy-gaht>

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30 Lyvia Maria Bezerra da Silva et al. (24 April 2024) Pelvic Floor Dysfunction in Transgender Men on Gender-affirming Hormone Therapy: A Descriptive Cross-sectional Study <https://pubmed.ncbi.nlm.nih.gov/38662108/>

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33 Murugesu et al.. 2024 Puberty Blocker and Aging Impact on Testicular Cell States and Function <https://www.biorxiv.org/content/10.1101/2024.03.23.586441v1>

34 D. Ehrensaft (2017) Gender nonconforming youth: current perspectives <https://pubmed.ncbi.nlm.nih.gov/articles/PMC5448699/>

35 Bangalore Krsihna K. et al. (July 2019) Use of Gonadotropin-Releasing Hormone Analogs in Children: Update by an International Consortium <https://www.karger.com/Article/FullText/501336>

36 Marci Bowers, President of WPATH, talking about Puberty Blockers, YT, 29.06.2023 <https://www.youtube.com/watch?v=kuwOx9YdHXY>

Result Family and Friends Survey

Name of family member or friend

A :
 B :
 C :
 D :
 E :
 F :
 G :
 H :
 I :
 J :
 K :

Hand Over to Clinic

Relation to the person:

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Use the following color codes to indicate responses:

Yes: **green** No: **red** Both/Unclear: **orange**

Part 1 - Based on DSM-5-TR

Present	A	B	C	D	E	F	G	H	I	J	K
Question 1
Question 2
Question 3
Question 4
Question 5
Question 6
Question 7
Question 8
Past											
Question 9
Question 10
Question 11
Question 12
Question 13
Question 14
Question 15
Question 16

Part 2 - ROGD Indicator

Question 1	.	.	.	.	.	.	.	.	.	.	.
Question 2	.	.	.	.	.	.	.	.	.	.	.
Question 3	.	.	.	.	.	.	.	.	.	.	.
Question 4	.	.	.	.	.	.	.	.	.	.	.
Question 5	.	.	.	.	.	.	.	.	.	.	.
Question 6	.	.	.	.	.	.	.	.	.	.	.
Question 7	.	.	.	.	.	.	.	.	.	.	.
Question 8	.	.	.	.	.	.	.	.	.	.	.
Question 9	.	.	.	.	.	.	.	.	.	.	.
Question 10	.	.	.	.	.	.	.	.	.	.	.

Part 3 - Additional Questions

Question 1	.	.	.	.	.	.	.	.	.	.	.
Question 2	.	.	.	.	.	.	.	.	.	.	.
Question 3	.	.	.	.	.	.	.	.	.	.	.
Question 4	.	.	.	.	.	.	.	.	.	.	.
Question 5	.	.	.	.	.	.	.	.	.	.	.
Question 6	.	.	.	.	.	.	.	.	.	.	.
Question 7
Question 8
Question 9

Informed Consent Question

Q10 Transition?
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Signature of Parents:

Date: