BPSU ID: ☐☐ ☐☐☐☐ ☐☐

Follow-up Questionnaire - Strictly Confidential

Gender Identity Disorder Study

The first page of the case notification form will be stored separately from the rest of the questionnaire and personal identifying information for the case will be used only for linkage of records.

Thank you for taking the time to complete this follow-up questionnaire. Please answer all questions to the best of your ability. Please print and return the completed form in the SAE to:

Dr. Sophie Khadr
Academic Clinical Lecturer
General & Adolescent Paediatrics, UCL Institute of Child Health, 30 Guilford St., London WC1N 3EH

If you have any questions please do not hesitate to contact Dr. Khadr by email or telephone :
Telephone: 07779 781371 **Email: s.khadr@ich.ucl.ac.uk**

Section A: Reporter Details

1.1 Date of completion of questionnaire: ☐☐/☐☐/☐☐☐☐

1.2 Department of clinician completing the questionnaire: _____

1.3 Hospital name: _____

1.4 Telephone number: _____

1.5 Email: _____

1.6 Has the patient been referred to/from another unit/centre? Yes ☐ No ☐

If yes: Please name unit/centre: _____

Section B: Case Details

2.1 Hospital No.: ☐☐☐ ☐☐☐ ☐☐☐☐

Section C: Follow-up

3.1 **Please indicate outcome and the extent to which the child/young person's original presenting symptoms have changed by ticking the relevant boxes below.** *(Please tick)*

Symptom	Reduced	No change	Increased	Not known
Distress or unhappiness with his/her biological sex (Examples: Stated dislike of/aversion to 1^o or 2^o sexual characteristics; self-inflicted injury to 1^o or 2^o sexual characteristics; request for physical intervention to alter their physical sexual characteristics to those of the other sex)	☐	☐	☐	☐
Stated desire to be or belief that he/she is or should be the other sex	☐	☐	☐	☐
In children aged < 12 years:				
In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing	☐	☐	☐	☐
Strong preferences for cross-sex roles in make-believe play or fantasies of being the other sex	☐	☐	☐	☐
Intense desire to participate in the stereotypical games and pastimes of the other sex	☐	☐	☐	☐
Strong preference for playmates of the other sex	☐	☐	☐	☐
In adolescents aged ≥ 12 years:				
Frequent passing as the other sex (adopts clothing, hairstyle of the other sex)	☐	☐	☐	☐
Desire to live and be treated as the other sex	☐	☐	☐	☐
Belief that their feelings and reactions are typical of the other sex	☐	☐	☐	☐

3.2 Please indicate if the gender dysphoria has resolved completely Yes ☐ No ☐ Not Known ☐

3.3 Please indicate if the child has been lost to follow-up Yes ☐ No ☐ Not Known ☐

Section D: Co-morbid Psychiatric History

4.1 Is there another current psychiatric condition diagnosed in this child/young person?:

Depressive disorder	Yes	☐	No	☐	Not Known	☐
Any anxiety disorder (incl. school phobia)	Yes	☐	No	☐	Not Known	☐
Conduct or oppositional defiant disorder	Yes	☐	No	☐	Not Known	☐
Eating disorder	Yes	☐	No	☐	Not Known	☐
Obsessive compulsive disorder	Yes	☐	No	☐	Not Known	☐
Attention deficit hyperactivity disorder	Yes	☐	No	☐	Not Known	☐
Autistic spectrum disorder / Aspergers	Yes	☐	No	☐	Not Known	☐

If yes, diagnosed by whom? _____

Any other mental disorder (please state): _____

4.2 Is there a history of self-harm or a suicide attempt within the last 12 months? Yes ☐ No ☐ Not Known ☐

If yes, please specify: _____

Section E: Family and Social History

5.1 Since completing the questionnaire is there any **NEW** history of:

Parental separation	Yes	☐	No	☐	Not Known	☐
Breakdown of family/local authority foster placement	Yes	☐	No	☐	Not Known	☐
Being a looked after child	Yes	☐	No	☐	Not Known	☐
A psychiatric disorder in a parent (or other primary carer)	Yes	☐	No	☐	Not Known	☐
Abuse requiring Social Services referral	Yes	☐	No	☐	Not Known	☐
Bullying requiring school action	Yes	☐	No	☐	Not Known	☐
Reduced school attendance (<95%)	Yes	☐	No	☐	Not Known	☐
Suspension or expulsion from school	Yes	☐	No	☐	Not Known	☐
Involvement with youth offending team or other forensic services	Yes	☐	No	☐	Not Known	☐

5.2 Where is the child schooled:

Fully mainstream	Yes	☐	No	☐	Not Known	☐
Fully special school	Yes	☐	No	☐	Not Known	☐
Special unit within a mainstream school (including pupil referral unit)	Yes	☐	No	☐	Not Known	☐
Fully home schooled	Yes	☐	No	☐	Not Known	☐
Other	Yes	☐	No	☐	Not Known	☐

Section F: Clinical Management

6.1 Since completing the initial questionnaire, please indicate if any of the following steps have been taken:

Discharge	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
No active treatment but continues in follow-up	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Hormone evaluation	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Refer Paediatrician	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Refer Paediatric Endocrinologist	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Inpatient Paediatric admission	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Refer local CAMHS team	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Inpatient Psychiatric Admission	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐
Refer specialist GID service	Yes	☐	No	☐	Date	☐☐/☐☐/☐☐

6.2 If referred to a specialist GID service, please provide details: _____

What were the findings? _____

6.3 Please provide details of any medical or psychological therapy initiated if known: _____

Who initiated this? _____

Thank you for taking the time to complete the Questionnaire