BPSU ID: ☐☐ ☐☐☐☐ ☐☐

Case notification form - 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.

Please answer all questions to the best of your ability.

Reporting Instructions:

Please report any child/young person aged 4-15 years inclusive (i.e. 4-15.9 years) meeting the case definition criteria below for the first time in the last month.

Case Definition:

BOTH the following criteria (1 and 2) should be fulfilled. See Appendix A for detailed diagnostic criteria:

1. A strong cross-gender identification for ≥ 6 months

2. a) Distress or unhappiness with his/her biological sex

OR

b) Stated desire to be or belief that he/she is or should be the other sex

Section A: Reporter Details

1.1 Date of completion of questionnaire: DD/MM/YYYY

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 NHS/CHI No.: ☐☐☐ ☐☐☐ ☐☐☐☐

2.2 Hospital No.: ☐☐☐ ☐☐☐ ☐☐☐☐

2.3 First part of postcode: ☐☐☐☐ Town of current residence (if ROI): _____

2.4 Sex: Yes ☐ No ☐ Date of birth: DD/MM/YYYY

2.5 Ethnicity*: ☐☐ Specify if any 'other' background: _____

**Please choose the correct ethnicity code from Appendix B*

Section C: Presenting Features

3.1 Date of putative diagnosis (based on clinical presentation) leading to notification being made: ☐☐/☐☐/☐☐☐☐

3.2 Age at onset of symptoms (years) : ☐☐

3.3 Which of the following symptoms had been present by the time of notification?: *(Please tick Yes/No/Not Known)*

Symptom	Yes	No	Not known	Age at onset (years):
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	☐	☐	☐	☐☐

3.4 If known, what was the Tanner stage at diagnosis?* ☐ Tanner stage not known ☐

**Please choose and write in the correct stage from Appendix C*

Section D: Referral Source

4.1 Who referred the child/young person to you ?:

GP	Yes	☐	No	☐	Not Known	☐
Paediatrician	Yes	☐	No	☐	Not Known	☐
Psychiatrist	Yes	☐	No	☐	Not Known	☐
Other	Yes	☐	No	☐	Not Known	☐

If other, please specify: _____

Section E: Co-morbid Psychiatric History

5.1 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): _____

5.2 Is there any previous history of self-harm or suicide attempt? Yes ☐ No ☐ Not Known ☐

If yes, please specify: _____

Section F: Family and Social History

6.1 Is the child/young person living with:

A single parent	Yes	☐	No	☐	Not Known	☐
Married or co-habiting parents	Yes	☐	No	☐	Not Known	☐
Separated/divorced parent (± new partner)	Yes	☐	No	☐	Not Known	☐
Adoptive parent(s)	Yes	☐	No	☐	Not Known	☐
Looked after by other family member	Yes	☐	No	☐	Not Known	☐
Looked after by local authority	Yes	☐	No	☐	Not Known	☐

6.2 Please provide the number and gender(s) of other siblings living with the child/young person: _____

6.3 Is there any history of:

A psychiatric disorder in a parent (or other primary carer)	Yes	☐	No	☐	Not Known	☐
Being a looked after child	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	☐

6.4 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 G: Clinical Management

7.1 Please indicate if any of the following steps have been taken:

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

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

_____

What were the findings?

_____

Thank you for taking the time to complete this Questionnaire

Please print and return the completed form in the stamped addressed envelope to:

Dr. Sophie Khadr

Academic Clinical Lecturer

General and Adolescent Paediatrics Unit, UCL Institute of Child Health, 30 Guilford St., London WC1N 3EH

If you have any questions about the study please do not hesitate to contact the investigators by email / telephone:

Telephone: **07779 781371** **Email:** **s.khadr@ich.ucl.ac.uk**

Appendix A: Detailed Diagnostic Criteria

BOTH the following criteria (1 and 2) should be fulfilled:

1. A strong cross-gender identification for ≥ 6 months

(i) In children <12 years, this requires 2 or more of the following:

a) In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing;
b) Strong preferences for cross-sex roles in make-believe play or fantasies of being the other sex;
c) Intense desire to participate in the stereotypical games and pastimes of the other sex;
d) Strong preference for playmates of the other sex.

(ii) In adolescents ≥ 12 years, this requires 1 or more of the following:

a) Frequent passing as the other sex (adopts clothing, hairstyle of the other sex)
b) Desire to live and be treated as the other sex
c) Belief that their feelings and reactions are typical of the other sex

2. a) Distress or unhappiness with his/her biological sex

(e.g. aversion/self-inflicted injury to their primary or secondary sexual characteristics, request for physical intervention to alter their physical sexual characteristics to those of the other sex)

OR

b) Stated desire to be or belief that he/she is or should be the other sex

Exclusions: GID cannot be diagnosed in children with known intersex conditions (disorders of sexual differentiation)

Appendix B: Coding for Ethnic Group (ONS 2001 for UK wide data collection)

		Ethnicity Code	
A	**White**	**1**	Any White background
B	**Mixed**	**2**	White and Black Caribbean
		3	White and Black African
		4	White and Asian
		5	Any Other Mixed background, *please write in* ***section B***
C	**Asian or Asian British**	**6**	Indian
		7	Pakistani
		8	Bangladeshi
		9	Any Other Asian background, *please write in* ***section B***
D	**Black or British Black**	**10**	Caribbean
		11	African
		12	Any Other African background, *please write in* ***section B***
E	**Chinese or other ethnic group**	**13**	Chinese
		14	Any Other, *please write in* ***section B***

Appendix C: Tanner staging of pubertal growth

Males	Tanner I:	preadolescent
	Tanner II:	testicular enlargement and thinning of scrotal skin
	Tanner III:	penile enlargement and continued increase in testicular size
	Tanner IV:	further testicular/penile enlargement and appearance of pubic hair
	Tanner V:	adult testicular/penile size and pubic hair distribution
Females	Tanner I:	preadolescent breast
	Tanner II:	breast tissue development with onset of areolar enlargement and sparse longitudinal labial pubic hair
	Tanner III:	increase in breast tissue volume, areolar enlargement and coarser, curlier pubic hair
	Tanner IV:	adult breast shape with elevation of the nipple and thickening and broader distribution of pubic hair
	Tanner V:	mature adult breast shape and contour and adult pubic hair character and distribution