

## *Press Release*

*June, 1993*

### ***Questionnaire on HBIGDA Standards of Care***

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Since 1979, the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc. (HBIGDA) have served as minimal guidelines for the hormonal and surgical sex reassignment of persons with gender dysphoria. They are the only such standards in existence, and are widely accepted by professionals around the world.

The Standards of Care are regularly revised (the last revision was 1/90).

AEGIS is conducting a survey of the Standards of Care in order to provide HBIGDA with feedback from transgendered persons. We plan to present initial results at the HBIGDA conference in October, 1993, so we are requesting that as many surveys as possible be returned to us by 15 September, 1993.

We would appreciate it if you would distribute the enclosed questionnaire to the transgendered persons in your organization, either directly or through your publications. You may make as many copies as you wish, or write us, and we will send you copies.

We are excited at this opportunity to provide HBIGDA and its members with feedback from transgendered consumers. We appreciate your help.

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 *Cbrysalis Quarterly*, AEGIS' magazine, in the first half of 1994.

1. Please write today's date: (mm/dd/yy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

2. What is your date of birth? (mm/dd/yy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is your age in years?

\_\_\_\_\_

4. What was your sex of assignment at birth?

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

5. In what gender are you living now?

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

If crossliving, for how long? \_\_\_\_\_

6. Have you ever taken hormones?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

7. Have you had genital sex reassignment surgery?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

8. Do you plan to have sex reassignment surgery?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

9. Have you had breast reduction/chest reconstruction surgery?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ (N/A if MTF)

10. Do you consider yourself:

Transsexual: \_\_\_\_\_ Transgenderist: \_\_\_\_\_  
Crossdresser: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

11. Have you ever heard about the Harry Benjamin International Gender Dysphoria Association (HBIGDA)?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

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)

13. When did you first hear of the Standards of Care? (mm/dd/yy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

14. From whom or where did you first learn of the Standards?

\_\_\_\_\_

15. Have you ever been to a gender clinic?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ (If NO, go to #17)

If YES, what year? \_\_\_\_\_

16. Did anyone at the clinic tell you about the Standards of Care?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

17. Have you ever consulted a therapist (specify psychologist, psychiatrist, counselor, etc.) about your gender dysphoria?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ (If NO, go to #21)

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): \_\_\_\_\_

19. Did you tell your therapist about the Standards of Care?

Therapist #1: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Therapist #2: YES: \_\_\_\_\_ NO: \_\_\_\_\_

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: \_\_\_\_\_

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

YES: \_\_\_\_\_ NO: \_\_\_\_\_ (If NO, go to #24)

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.*