

Gender ASSET

(Gender Affirmative Supportive Surgery Evaluation Tool)

Please complete this information as a prerequisite to your surgery. Thank you.

Date: _____

Legal Name- _____ Chosen Name- _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Number: _____

Work Number: _____ Home Number: _____

Place of Employment: _____ Job Title: _____

Marital Status: _____ Live with: _____

DOB: _____ Age: _____

Assigned Sex: _____ Gender Identity: _____

Sexual Orientation: _____

Referral Source: *Self-referred* *Provider* *Family/Friend* *Internet* *Other*

Surgeon: _____

Address: _____

Phone: _____ Email: _____

Office Contact Person: _____

Surgery you are having: _____

Surgery Date: _____

Who will be going to surgery with you? _____

Who will be caring for you post-op? _____

Phone Number of Care Giver: _____

- Have you ever taken hormones to feminize/masculine your body?
 - If yes:*
 - How, when, and where did you start hormones?
 - Were they prescribed by a medical provider, *if so*, who?
 - *If not prescribed*, how did you obtain them?
 - Did you ever stop taking hormones? *If so*, when and why?
 - What type: pills, patches, creams, gels, injections?
 - Dose? How often do/did you take them? When was the last time you took them?
 - Did you have regular bloodwork done? When was your last lab work done to check your hormone levels?
 - What physical or emotional changes did you notice from taking hormones? How was that for you?
 - Did you experience any negative effects or reactions (e.g. physical, medical, emotional, etc.)?

- Have you ever taken herbal hormone supplements or hormone blockers?
 - If yes:*
 - What kind, how much, how often?

Gender History

Gender Development

- Tell me about when you first began experiencing something was different about your gender.
- What was going on in your life at that time?
(Assess difficulty with any body parts, first experimentation with a gender diverse presentation, changes to gender identity over time. Note if they have felt this way for at least 6 months.)

Pubertal Experience

- What was puberty like for you?

Learning about Transgender/Gender Diversity

- How did you learn what 'transgender' was?
- Are you familiar with non-binary gender identities?
(Provide education on multiple 'ways of being' to make sure that they are aware of the unlimited options...not just female to male and male to female and you don't have to undergo surgery to be transgender, etc.)

- Tell me about your experiences with the transgender community.
(Assess accessing information, support, future hopes, and general sense of positive/negative experiences.)

Coming Out and Disclosure History

- Tell me about your process of deciding that you wanted to live in a gender other than the one assigned to you at birth? When was this?
- What people in your life have you told about your gender identity? What has been their reaction/how has it impacted your relationships? (Include parents, partner(s), family, friends, work, school, providers, faith community, etc.)

Decision to Pursue Surgery

- How did you learn about this particular surgery?
- Tell me about your process of deciding to pursue (specific name) surgery. Why now?
- Are there any issues in your life that you think might complicate a decision to have surgery now, or that might increase stress during this time?

Disclosure of Plan to Pursue Surgery

- Who in your life have you told about your plans to pursue surgery?
- What has been their reaction/how has it impacted your relationships?
- Who have you not told? What do you think their reaction would be?
(If there is a chance that it will not be a good or neutral reaction, assess how they plan to cope with it emotionally and practically.)

Gender Expression/Presentation

- How do you present your gender in everyday life (clothing, hairstyle, makeup)?
- When did you start?
- How often are you presenting as your true gender self? Where?
(Assess for safety.)
- How have others generally responded to your presentation of your gender?

Gender Transition

- Which of the following, if any, have you already accessed?
(Electrolysis, laser hair removal, binding/padding, tucking/packing, name change, identity documents, voice therapy, clothing choices, shopping, coaching about mannerisms, etc.)
- Which of those, if any, do you plan to access in the future besides this surgery?

Coping with Stigma Related to Being Transgender

- What impact has the stigma associated with being transgender had on your life?
- How have you coped with this?
- How has being transgender impacted any of your spiritual/religious beliefs and community?

Body Modification

- Have you had any piercings or tattoos to affirm your gender?

Regrets

- Are you unsatisfied with any aspects of your transition so far?
- Do you have any regrets related to transition?

Psychosocial History

(Assess how undergoing surgery will impact these areas)

Family

- Childhood, parents, siblings, abuse, neglect, etc.

Relationship

- When did you first start dating?
- Tell me about any significant relationships.
- What is your current relationship status?
- How would you describe your current relationship?
- Have you had any periods of separation?
- Do you have any children?

(Assess ages of children and status of relationship with any children)

- What are your hopes for future relationships?
Tell me about any friends and sources of social support in your life.

Education/Employment

- What is your highest level of completed education?
- Any learning difficulties (e.g., accommodations, special classes)?
- Employment Status: ____none ____on disability ____part-time
____full-time ____retired ____self-employed
- Current/last job:
- Company:
- Dates of current/last job:
- Gender related harassment or firing:

If history of engaging in sex work:

- How did you get into sex work?

Living Situation/Environment

- ___ house ___ apt. ___ other (_____)
- Living with: _____
- Privacy: Do you have your own room?
- Access to a shower
- Stability of situation including length of time at current residence, likelihood living situation changing between now and recovery period

Transportation

- Do you have a car?
 - *If yes*, do you drive?
 - *If no*, what transportation do you use?

Legal

- Have you ever been in any legal trouble or criminal proceedings?
- Have you changed your name and gender legally? Would you like a letter supporting this?

Financial

- How much do you anticipate this surgery will cost you?
(*Be sure to also include costs of bandages/dressings, prescription medications, food, anesthesia, hotel, travel, etc.*)
- How will you be able to afford this?

Mental Health History

Previous Treatment

- Are you currently receiving counseling or psychiatric medication for emotional or mental health problems? Have you ever? (include each medication)
- Have you ever been hospitalized for mental health reasons?

History of Symptoms

Trauma

- Has anyone ever thrown something at you that could hurt, pushed, pulled your hair, hit/slapped, kicked/bit, choked, beaten you up, threatened/used a knife, gun or other weapon on you?
(*Assess when occurred, frequency, and if targeted due to perceived gender or sexuality.*)
- Have you ever experienced any unwanted sexual contact? (e.g., fondled or rubbed up against you or tried to remove your clothes, attempted or forced oral or anal penetration without your consent).
(*Assess when occurred, frequency, and if targeted due to perceived gender or sexuality.*)

Mood

- Has there been a period of time when you were feeling depressed or down most of the day nearly every day? *If yes, was it as long as two weeks?*
- What about being a lot less interested in most things or being unable to enjoy the things that you used to enjoy? *If yes, was it nearly every day?*
- Have you ever experienced periods where mood and energy were so high, didn't really need sleep; racing thoughts; dangerous behaviors; has anyone ever commented about your moods?
- Have you ever had thoughts of harming yourself or someone else? Currently? Any past suicide/homicide attempts?
(Determine if suicide risk assessment and safety planning is necessary. Provide hotline numbers. Assess non-suicidal self-injury)
- Do you have access to firearms? Are they locked or accessible?

Anxiety

- Have you ever had any difficulty with feeling overly/excessively anxious, nervous, or edgy?
- Have you ever had a panic attack, when you suddenly felt frightened, anxious, extremely uncomfortable, or had the thought that you were dying or going crazy?
- Have you ever been afraid of going out of the house alone, being in crowds, standing in a line, or traveling on busses or trains?
- Do you worry a lot about the past or things that might happen in the future?

Eating

- Do you worry you have lost control over how much you eat?
- Do you make yourself sick because you feel uncomfortably full?
- Are you satisfied with your eating patterns?
- Does your weight affect the way you feel about yourself?
(Assess if any of this is related to gender)

Psychosis

- Now I am going to ask you about unusual experiences that some people have:
 - Have you ever hear things that other people could not hear, such as voices?
 - Have you ever had visions when you were awake or have you ever seen things that other people couldn't see?

Anger

- Do you have any concerns about your anger? Have you been in any fights?

Family Psychiatric History

- Does anyone in your family (Parents, siblings, aunts/uncles, grandparents, etc.) have a history of mental health concerns? (Such as depression, bipolar, anxiety, schizophrenia) What about suicide?
- Does anyone in your family (Parents, siblings, aunts/uncles, grandparents, etc.) have problems with drugs or alcohol?

Current Mental Status

- Current mood (Depression/anxiety/nervous/edgy/active mental health, etc.):
- Sleep:
- Appetite:
- Energy:
- Physical Pain (0-10):
- Crying spells, lack of interest, libido:
- Memory/concentration complaints:
(*Feeling a little fuzzy or confused, forgetting things*)
- Hallucinations/delusions/bothered by thoughts that won't go away:

Substance Use History

Alcohol

- How much are you currently drinking?
- *If none*, when you were drinking, how much? When you were drinking at your highest, what was typical? When did you start/quit?
- Did you ever have any negative side effects/consequences from your drinking (Blackouts, seizures, tremors, interference with your job or social functioning, increased tolerance, etc.?)
- Have you or anyone else in your life ever thought that you drank too much?
- Have you ever used alcohol to cope with discrimination?

Drugs

- What drugs (non-prescription) are you currently using?
- *If none*, what drugs have you used in the past? How much? What was your typical? What was your heaviest? When did you start/quit?
- Have you ever taken more prescription medication than was prescribed to you?
- Did you ever have any negative side effects/consequences from your drug use?
- Have you ever used drugs to cope with discrimination?

Tobacco

- How much do you currently smoke?
(Discuss plan to reduce and quit smoking at least two weeks prior to surgery for at least 6-8 weeks to facilitate healing during recovery.)
- If none, how much have you smoked in the past? What was your typical? What was your heaviest? When did you start/quit?

Substance Use Treatment

- Are you in recovery? How long?
- Have you ever attended treatment for drug or alcohol use?
- If a heavy substance abuser:
 - Have you ever tried to stop using alcohol or drugs?
 - Periods of abstinence in past? Longest period sober? How many times try to quit? (And then relapse)
 - What led to relapse/s?
 - How do you plan to keep from relapsing again?
 - What are your high risk triggers?

Medical History

Medical History/Current Medications

- Last physical exam:
- Current medical problems:
- Hospitalizations/Major Surgeries (Not related to transition):

Medical Compliance

- What prescription medications are you currently taking (any pain meds)?
If client can't remember the names, can you tell me what they are for?
- How do you remember to take your medications?
- How often do you skip or forget to take your medications?
- How are you at making your medical appointments?
- What do you think of your medical providers?
- Doing anything to stay healthy/monitor your health? Diet, exercise, etc.?

Sexual Health History

Attractions

- Who do you find yourself attracted to? (Men, women, non-binary, trans, cis/non-trans, etc.)
- Have your attractions ever changed?

Behaviors

- Have you had sex with?
(Assessing for dysphoria and risk level - what parts are involved, avoided, and what fluids are exchanged.)
- How old were you at your first consensual sexual encounter? Who was that with?

Sexual Health

- Some people inject drugs, engage in unprotected sex or have sex under the influence, exchange sex for drugs, money, or other services. Have you ever done this?
- *(If at risk)* Have you ever been tested for HIV?
If yes, when was your last HIV test?
- How do you practice safer sex?
- Are you currently experiencing any sexual problems?

Impact of Gender on Sexual Relationships

- How do your feelings about your (chest/breasts/genitals) affect your desire to engage in sexual/intimate relationships with others? Masturbation?
- How do you anticipate this surgery will impact your sex life?
- *For clients who have sperm:*
 - Do you have any biological children?
(If having sex that could lead to pregnancy (partner has eggs and a uterus), discuss pregnancy prevention.)
- *For clients who have eggs/uterus:*
 - Have you ever been pregnant? Do you plan to become pregnant in the future?
(If having sex that could lead to pregnancy and using testosterone, discuss the risks of using testosterone during pregnancy and encourage patient to use safer sex practices –condoms. If the client should suspect pregnancy in the future, instruct him to contact a clinic immediately so that he may discuss the risks and benefits of continuing testosterone treatment versus discontinuing treatment while pregnant.)

Fertility

- Would you like to have children in the future?
- *(If surgery impacts fertility)*, what is your understanding of how this surgery will impact your fertility?
- Have you considered fertility options?

Practical Preparedness

Surgeon Selection and Preparing to Undergo Surgery

- How did you go about selecting your surgeon?" Review surgeon's website or surgery packet with client
 - Pre- and post-op care instructions and information
 - Risks/complications
 - Photos of surgical results

Understanding of the Medical Implications Associated with Surgery

- Can you tell me what you know about the process and procedure of undergoing this surgery (pre- and post-operative care instructions)?
- What are some of the risks/complications of this surgery (including reproduction)?
 - How will you know if these are occurring?
 - What is your plan if you experience a complication?
- Will your surgery involve more than one surgery?
- Revisions after certain surgeries may occur, are you willing to undergo a surgical revision?

Desired Effects

- What are you hoping the results of your surgery will look like?
 - How long will that take?
- What are your thoughts about functionality?

Preparedness for Recovery Process

- Where will your surgery take place? How long will it last?
- What is your plan to take a break from work/school to recover?
- How will you be transported to and from the surgery center?
- Do you have to stay in the hospital after surgery? **If yes**, how long?
- Who will stay with you immediately following surgery? For how long?
 - How comfortable are you with them
 - Helping you bathe?
 - Seeing your surgical site?
 - Changing your dressings?
- What medications will you take before surgery?
- What will you do to prepare the night before/day of surgery?
- What medications will you take after surgery?

- Do not attempt to “tough out” pain. It is much more difficult to get pain under control once it’s out of control (imagine a fire). Be sure to take your pain medication as prescribed for at least a few days after surgery.
- How will your meals be prepared? Who will go get food for you?
- How will you stay hydrated?
 - Constipation is common with pain medications and anti-biotics, taking a stool softener may be recommended
- How will you keep yourself entertained while bedridden?
- What clothing will you wear during recovery?
 - Soft robes can be comfortable and easy
 - Slip on shoes or slippers (no tying shoes during recovery, especially with chest surgery)
 - Button down pajama shirts

Understanding of Psychosocial Implications

Anticipated changes

- How do you imagine your life will change if you undergo this surgery? When do you expect that change to occur?
- What do you look forward to most about the results of surgery?
- What in your life do you expect having surgery to change/ what is not likely to change?

Anticipated problems

- What is your understanding of the possible complications and/or discomfort involved in recovering from surgery? Can you anticipate any problems?
 - Who will help you do the following?
 - Return for follow-up care with your surgeon (when?)
 - Pick up medications and dressing materials from the pharmacy (where?)
 - See your primary care provider for post-operative care (who?)
 - If you need to go to the emergency room (where?)
- Even when surgery is wanted there is sometimes a sense of loss, as with any big change. Are there any losses you might anticipate? Others may also talk about feeling grief since they may see you as a different person. How might you deal with that? (Worst case scenario?)

Meaning

- What does it mean to you to move forward with surgery?
- What would it mean to you if you didn’t?
- What will you do if the results don’t turn out as you had hoped?

Support

- What kinds of support do you have in your life to help you during the process of undergoing and recovering from surgery (Online community, trans community, faith community, etc.)?

○ Have you met someone who has gone through the procedure?