

Gender Identity/Gender Dysphoria Questionnaire for Adults and Adolescents (GIDYQ-AA)
Male Assigned at Birth - Adolescent

Please answer the questions below, rating yourself on each of the items shown using the scale on the right side of the page. Place an X in the box that best describes how you have felt over the past 12 months.		Always	Often	Sometimes	Rarely	Never
1	In the past 12 months, have you felt satisfied being a boy?					
2	In the past 12 months, have you felt uncertain about your gender, that is, feeling somewhere in between a boy and a girl?					
3	In the past 12 months, have you felt pressured by others to be a boy, although you don't really feel like one?					
4	In the past 12 months, have you felt, unlike most boys, that you have to work at being a boy?					
5	In the past 12 months, have you felt that you were not a real boy?					
6	In the past 12 months, have you felt, given who you really are (e.g., what you like to do, how you act with other people), that it would be better for you to live as a girl rather than as a boy?					
7	In the past 12 months, have you had dreams? If NO, skip to Question 8. If YES: Have you been in your dreams? If NO, skip to Question 8. If YES: In the past 12 months, have you had dreams in which you were a girl?					
8	In the past 12 months, have you felt unhappy about being a boy?					
9	In the past 12 months, have you felt uncertain about yourself, at times feeling more like a girl and at times feeling more like a boy?					
10	In the past 12 months, have you felt more like a girl than like a boy?					
11	In the past 12 months, have you felt that you did not have anything in common with either girls or boys?					
12	In the past 12 months, have you been bothered by seeing yourself identified as male or having to check the box "M" for male on official forms (e.g., employment applications, driver's license, passport)?					
13	In the past 12 months, have you felt comfortable when using men's restrooms in public places?					
14	In the past 12 months, have strangers treated you as a girl?					
15	In the past 12 months, at home, have people you know, such as friends or relatives, treated you as a girl?					
16	In the past 12 months, have you had the wish or desire to be a girl?					
17	In the past 12 months, at home, have you dressed and acted as a girl?					

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18	In the past 12 months, at parties or at other social gatherings, have you presented yourself as a girl?					
19	In the past 12 months, at work or at school, have you presented yourself as a girl?					
20	In the past 12 months, have you disliked your body because it is male (e.g., having a penis or having hair on your chest, arms, and legs)?					
21	In the past 12 months, have you wished to have hormone treatment to change your body into a girl's?					
22	In the past 12 months, have you wished to have an operation to change your body into a girl's (e.g., to have your penis removed or to have a vagina made)?					
23	In the past 12 months, have you made an effort to change your legal sex (e.g., on a driver's licence or credit card)?					
24	In the past 12 months, have you thought of yourself as a "hermaphrodite" or an "intersex" rather than as a boy or girl?					
25	In the past 12 months, have you thought of yourself as a "transgendered person"?					
26	In the past 12 months, have you thought of yourself as a girl?					
27	In the past 12 months, have you thought of yourself as a boy?					

SCORING – DO NOT COMPLETE					
Total X's (items 1, 13, 27 reverse scored)					
Multiplier		1	2	3	4
Total Score					
Raw Score (sum of Total Scores)					
Scaled Score (Raw Score/number of items answered)					

Patient Name: _____

Date: _____

Scored by: _____