

Social History Questionnaire for GD assessments

Name: _____ Date: _____

1. What is your educational history (where and when, and did you graduate or earn a degree or certificate)?

High school:

College(s):

2. What is your employment history (what types of jobs have you had and how long did they last)?

3. Have you, or are you now married or in a committed partnership? If yes, for how long, and if more than one please specify each separately).

4. Have you been in the military, and if so, when and what branch?

5. Have you ever been hospitalized on a psychiatric unit or been in residential substance abuse treatment? If yes, please list the location and dates.

The following questions are solely for your mental health specialist. This form will not be provided to your insurance company nor to your health care providers

6. How do you identify yourself as to your gender? _____
7. How do you identify yourself as to your sexual orientation? _____
8. Please list briefly the earliest age you experienced gender nonconformity, gender dysphoria, or other type of transgender experience. What were you noticing at that time?
9. When did you first start wearing clothing of your target gender (e.g., cross dressing prior to living full time in your target gender)?
10. If you are living full-time in your target gender, how long has this been?
11. If you are taking feminizing or masculinizing hormones, how long has this been? If there has been an interruption more than a month in your hormone therapy please list.
12. Have you been a target of transphobic or homophobic actions?
13. What problems or concerns do you personally experience related to gender dysphoria or being transgendered? (This may include emotions, beliefs, self-harm, impacts on relationships, avoidance of particular activities or self care, harassment, or impacts on employment)