



**L00\_6. Lastly, we also have some specific questions related to possible effects of gender-affirming care you may be receiving. In the last 3 months have you experienced any of the following? (Check all that apply.)**

- L00\_6\_1  Acne
- L00\_6\_2  Hair loss (on head)
- L00\_6\_3  Anger or grouchiness
- L00\_6\_4  Mood improved
- L00\_6\_5  Mood worse
- L00\_6\_6  Weight gain
- L00\_6\_7  Weight loss
- L00\_6\_8  Breast/chest discharge
- L00\_6\_9  Erections
- L00\_6\_10  Menstrual periods
- L00\_6\_11  Night sweats
- L00\_6\_12  Lupron injection site warm, swollen and red
- L00\_6\_13  Testosterone injection site itchy or with hives
- L00\_6\_14  Increase in body hair
- L00\_6\_15  Decrease in body hair
- L00\_6\_16  Hot flashes
- L00\_6\_17  Nausea
- L00\_6\_18  Breast/chest tenderness or pain
- L00\_6\_19  Other, please specify \_\_\_\_\_ L00\_6\_19text \_\_\_\_\_

**L00\_7. Is there anything else that you think is important to share?**

FOR INFORMATION PURPOSES ONLY