<u>Online Checklist for Youth</u>
***This checklist is self-completed by youth participants online every 3 months throughout the study. This document is for information purposes only, and youth complete this checklist through an online interface.

We would like to check in and see how your health has been over the past three months.

L00_1. In ge	eneral,	would	you s	ay you	r phys	ical he	alth is.	?		1
1□ Exc 2□ Ver 3□ Goo 4□ Fair 5□ Poo	ry good od r								SKS ON	`
L00_2. In ge	eneral,	would	you s	ay you	r ment	al heal	lth is	2	O*	
1□ Exc 2□ Ver 3□ Goo 4□ Fair 5□ Poo	ry good od r					PI.	Ses Ses	O		
(some aspec to be	etimes ets of th	called neir bo upport	dysph dies ar ted and	oria) a e both affirm	nd som ering tl ned in t	e do no nem a l	ot. This ot, and	could or be	nd their bodies I be because ger cause they really uch gender-rela	y need
1 the most gender distre	2 ess	3 0	24.13	5	6	7	8	9	10 no gender distress	
L00_4. In the	e past t	► hree m	onths,	how h	as you	r mood	d been?	•		
worst mood	2	3	4	5	6	7	8	9	10 best mood	
L00_5. In the	past t	hree m	onths,	how a	nxious	have y	ou bee	n?		
1 extremely anxious	2	3	4	5	6	7	8	9	10 not at all anxious	

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_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
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