

**Standardized Clinic Case Report Form – Baseline  
January 22, 2018**

\*\*\*note research assistant will enter patient ID, date of clinic visit, and all relevant items obtained after the clinic visit (eg lab/BMD results) with the physician from their EMR or paper chart

**Baseline Visit Case Report Form**

**YouthID. Patient ID:** \_\_\_\_\_

**C00\_SAB. Sex assigned at birth**

- 1  male
- 2  female

**C00\_DATE. Date of Visit:** \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

**C00\_DOB. Youth Date of Birth:** \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

**C00\_POST. Youth Postal Code:** \_\_\_\_\_

**C00\_CLINIC. Clinic** (drop-down menu with clinic codes):

- 1  CHEO Diversity Clinic (Ottawa)
- 2  BC Children's Hospital (Vancouver)
- 3  GDAAY Clinic (Winnipeg)
- 4  Alberta Children's Hospital (Calgary)
- 5  Centre Meraki (Montreal)
- 6  Stollery Children's Clinic (Edmonton)
- 7  IWK Clinic (Halifax)
- 8  SickKids Hospital (Toronto)
- 9  McMaster Children's Hospital (Hamilton)
- 10  Montreal Children's Hospital (Montreal)
- 11  LHSC Children's Hospital (London)

**C00\_PROVID. Clinician:**

- 1  Margaret Lawson
- 2  Stephen Feder
- 3  Scott Somerville
- 4  Karine Khatchadourian
- 5  Brandon Hursch
- 6  Dan Metzger
- 7  Jennifer Ducharme
- 8  Brandy Wicklow
- 9  Joey Bonifacio
- 10  Carys Massarella
- 11  Arati Mokashi
- 12  Daniele Pacaud
- 13  Bob Couch
- 14  Joe Raiche
- 15  Simon Trepel
- 16  Shuvo Ghosh

- 17  Katie Pundyk
- 18  David Martin
- 19  Megan Cooney
- 20  Amy Robinson
- 21  Sebastien Pangelo
- 25  Other, specify: \_\_\_\_\_ C00\_PROVID\_25text

**C00\_PSPEC. [if C\_PROVID=19] Provider specialty:**

- 1  Endocrinologist
- 2  Psychologist
- 3  Psychiatrist
- 4  Adolescent medicine physician
- 5  Endocrine nurse
- 6  Registered nurse
- 7  Social worker
- 8  Other, specify: \_\_\_\_\_ C00\_PSPEC\_8text \_\_\_\_\_

**Source of Referral**

**C00\_0\_DATE: Date referral received:** \_\_/\_\_/\_\_ (dd/mm/yy)

**C00\_0\_1: Referral received from (select type of practitioner):**

- 1  Family doctor
- 2  Nurse Practitioner
- 3  Pediatrician
- 4  Adolescent Health Physician
- 5  Psychologist
- 6  Psychiatrist
- 7  Social worker
- 8  OB/GYN
- 9  School counsellor
- 10  Sexologist
- 11  Youth/Child protection services
- 12  Social worker
- 13  Teacher
- 14  Patient self-referral
- 15  Other, specify: \_\_\_\_\_ C00\_0\_1\_15text \_\_\_\_\_

**Health History**

**C00\_HISTORY:** Was the information on health and family history obtained from this clinical visit or from extracting information from past records: (check all that apply)

- 1  Obtained from this visit
- 2  Extracted information from past records

Abuse (check all that apply)  
 C00\_1\_1  Sexual  
 C00\_1\_2  Physical

- C00\_1\_3  Emotional
- C00\_1\_4  None of the above
- C00\_1\_5  Not in medical record
- C00\_1\_5  Unknown/other type of abuse

- C00\_2\_1  ADHD
- C00\_2\_2  Anxiety
- C00\_2\_3  Autism/Aspergers
- C00\_2\_4  Depression
- C00\_2\_5  Eating disorder
- C00\_2\_6  Intersex/DSD, specify: C00\_2\_6text \_\_\_\_\_
- C00\_2\_7  Learning disability
- C00\_2\_8  OCD
- C00\_2\_9  Personality disorder, specify: C00\_2\_9text \_\_\_\_\_
- C00\_2\_10  PCOS
- C00\_2\_11  PTSD, related to: C00\_2\_11text \_\_\_\_\_
- C00\_2\_12  Other, specify: C00\_2\_12text \_\_\_\_\_
- C00\_2\_13  None of the above
- C00\_2\_14  Not in medical record

**Family History**

- C00\_3\_1. Is there a family history of depression?
  - 1  Yes, specify whom \_\_\_ C00\_3\_1\_1text \_\_\_\_\_
  - 2  No
  - 3  Not assessed/not in medical record
  
- C00\_3\_2. Is there a family history of anxiety disorders?
  - 1  Yes, specify whom \_\_\_ C00\_3\_2\_1text \_\_\_\_\_
  - 2  No
  - 3  Not assessed/not in medical record
  
- C00\_3\_3. Is there a family history of suicide attempts?
  - 1  Yes, specify whom \_\_\_ C00\_3\_3\_1text \_\_\_\_\_
  - 2  No
  - 3  Not assessed/not in medical record

**Current Medications (excluding puberty suppression or hormone treatment)**

- C00\_4\_0. Current medications
  - 0  Not currently taking any medication [Skip to C\_5]
  - 1  Currently taking medication (complete below)
  - 2  Not in medical record

**Current medications (excluding puberty suppression or hormone treatment) – check all that apply:**

- C00\_4\_1  Fluoxetine (Prozac)
- C00\_4\_2  Sertraline (Zoloft)
- C00\_4\_3  Citalpram (Celexa)
- C00\_4\_4  Escitalopram (Ciprallex)

- C00\_4\_5  Fluvoxamine (Luvox)
- C00\_4\_6  Venlafaxine (Effexor)
- C00\_4\_7  Desvenlafaxine (Pristiq)
- C00\_4\_8  Quetiapine (Seroquel)
- C00\_4\_9  Aripiprazole (Abilify)
- C00\_4\_10  Risperidone (Risperdal)
- C00\_4\_11  Lorazepam (Ativan)
- C00\_4\_12  Clonazepam (Rivotril)
- C00\_4\_13  Trazodone (Desyrel)
- C00\_4\_14  Melatonin
- C00\_4\_15  Methylphenidate (Concerta, Biphentin, Ritalin)
- C00\_4\_16  Amphetamine/dextroamphetamine (Adderall)
- C00\_4\_17  Lisdexamfetamine (Vyvanse)
- C00\_4\_18  Atomoxetine (Strattera)
- C00\_4\_19  Calcium carbonate
- C00\_4\_20  Other, specify (include youth reference such as 'antidepressant-do not know name'): \_\_\_\_\_ C00\_4\_20text

**C00\_5. Gender Identity**

- 1  Male
- 2  Female
- 3  Non-binary
- 4  Other, specify \_C00\_5\_4text \_\_\_\_\_
- 5  Not in medical record

**C00\_6. Preferred Pronoun**

- 1  He/him
- 2  She/her
- 3  They
- 4  Other, specify: \_\_C00\_6\_4text
- 5  Not in medical record

**ALL information going forward must reflect what happened in current visit  
Puberty/Growth history**

C00\_7. Height \_\_\_\_\_ cm to 1 decimal place

C00\_8. Weight: \_\_\_\_\_ kg to 1 decimal place

C00\_9. Pubertal status:

- 1  Prepubertal [stop data collection as not eligible for hormone suppressant/CSH]
- 2  Pubertal
- 3  Not in medical record

C00\_9\_AF. [if C00\_SAB=2] Age when puberty first noticed (breasts) \_\_\_ years +/- month

C00\_9\_1\_AF. [if C00\_SAB=2] Grade when puberty first noticed (breasts) \_\_\_\_

C00\_9\_AM. [if C00\_SAB=1] Age when puberty first noticed (testes enlargement, pubic hair)  
\_\_\_\_ years +/- month

C00\_9\_1\_AM. [if C00\_SAB=1] Grade when puberty first noticed (testes enlargement, pubic hair) \_\_\_\_

C00\_10\_AM. [if C00\_SAB=1] Having erections

1  Yes

2  No

3  Not in medical record

C00\_10\_AF [if C00\_SAB=2] Age of first period \_\_\_\_\_ years +/- month-enter '0' if not yet had first period

C00\_10\_1\_AF [if C00\_SAB=2] Grade of first period \_\_\_\_\_ -enter '0' if not yet had first period

C00\_11. [if C\_SAB=2] Current cycle:

1  Regular

2  Oligomenorrhea

3  Ammenorrhea

4  Not in medical record

### Pubertal status based on Physical Exam

C00\_12. Was PUBERTAL STATUS clinically assessed at this visit?

1  Yes [Skip to C00\_14]

2  No

C00\_13. [if C00\_12=2] Why not?

1  Patient decision

2  Physician decision, reason \_\_\_\_ C00\_13\_2text \_\_\_\_\_

3  Not applicable for this visit

4  Not in medical record

C00\_14. [if C00\_12=2] Pubic hair – Tanner stage \_\_\_\_ (options are 1 to 5)

C00\_15. [if C00\_12=2] [if C00\_SAB=2] Breasts (binding removed) – Tanner stage \_\_\_\_  
(options are 2 to 5)

C00\_16. [if C00\_12=2] [if C00\_SAB=2] Clitoral length \_\_\_\_\_ cm to 1 decimal place

C00\_17. [if C00\_12=2] [if C00\_SAB=1] Testes \_\_\_\_ cc (by orchidometer)

C00\_18. [if C00\_12=2] [if C00\_SAB=1] Stretch penile length \_\_\_\_\_ cm to 1 decimal place

C00\_19. [if C00\_12=2] Chest \_\_\_\_\_ cm to 1 decimal place, as per handbook

C00\_20. [if C00\_12=2] Waist \_\_\_\_\_ cm to 1 decimal place, as per handbook

C00\_21. [if C00\_12=2]Hips \_\_\_\_\_ cm to 1 decimal place, as per handbook

C00\_22. [if C00\_12=2]Biceps on same side as handedness \_\_\_\_\_ cm to 1 decimal place, as per handbook

## Vitamin D

C00\_23. Is youth currently taking Vitamin D?

- 1  Yes
- 2  No [Skip to C00\_27]
- 3  Not in medical record [Skip to C00\_28]

C00\_24. Date began taking Vitamin D \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) (if exact date is not indicated in EMR specify month and year)

C00\_25. Dose of Vitamin D \_\_\_\_\_ IU per day

C00\_26. Frequency of taking Vitamin D \_\_\_\_\_ -days per week [Skip to C00\_28]

C00\_27. Reason for not taking Vitamin D – check all that apply

- 1  Never recommended
- 2  Patient decision
- 3  Parent/guardian decision
- 4  Baseline 25OHD level, provide level \_\_\_C00\_27\_4no \_\_\_\_\_
- 5  Physician decision
- 6  Cost
- 7  Other, specify \_\_\_C\_27\_7text \_\_\_\_\_
- 8  Not in medical record

C00\_28. Is youth willing to start taking Vitamin D?

- 1  Yes
- 2  No [Skip to C00\_30]
- 3  Not in medical record [Skip to C00\_30]

C00\_29. Intended dose of Vitamin D \_\_\_\_\_ IU per day

## Fertility Preservation

C00\_30\_AF. [if C00\_SAB=2] Has fertility preservation been discussed with provider?

- 1  Yes, prior to Lupron
- 2  Yes, prior to testosterone
- 3  No
- 4  Not in medical record

C00\_30\_AM. [if C00\_SAB=2] Has fertility preservation been discussed with provider?

- 1  Yes, prior to Lupron
- 2  Yes, prior to estrogen
- 3  No
- 4  Not in medical record

C00\_31. Has fertility preservation been discussed by the provider with youth's parent/guardian?

- 1  Yes
- 2  No
- 3  Not in medical record

C00\_32. What was the decision RE: fertility preservation?

- 1  Accepted
- 2  Declined [Skip to C00\_34]
- 3  Undecided [Skip to C00\_34]
- 4  Not available in your region and unwilling / unable to travel for it [Skip to C00\_34]
- 5  Not in medical record [Skip to C00\_34]

How will financing for fertility preservation be provided? (Check all that apply)

- C00\_33\_1  Family's insurance, % copayment \_\_C00\_33\_1\_no \_\_\_\_\_
- C00\_33\_2  Self-pay
- C00\_33\_3  Provincial program
- C00\_33\_4  Other
- C00\_33\_5  Not in medical record

## Gender Dysphoria

C00\_34. Was GENDER DYSPHORIA discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit [Skip to C00\_37]
- 3  Not in medical record [Skip to C00\_37]

C00\_35. Was GENDER DYSPHORIA identified as a concern for the youth by the provider?

- 1  Yes
- 2  No
- 3  Not in medical record

C00\_36. Indicate here youth's self-report of GENDER DYSPHORIA:

- |   |           |   |   |   |   |   |   |   |    |                          |
|---|-----------|---|---|---|---|---|---|---|----|--------------------------|
| 1 | 2         | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11-not in medical record |
|   | extreme   |   |   |   |   |   |   |   |    | no                       |
|   | dysphoria |   |   |   |   |   |   |   |    | dysphoria                |

## Mental Health

### Depression

C00\_37. Was DEPRESSION/MOOD discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit [\[Skip to C00\\_40\]](#)
- 3  Not in medical record [\[Skip to C00\\_40\]](#)

C00\_38. Was DEPRESSION/MOOD identified as a concern for the youth by the provider?

- 1  Yes
- 2  No
- 3  Not in medical record

C00\_39. Indicate here youth's self-report of DEPRESSION/MOOD:

1 2 3 4 5 6 7 8 9 10 11-not in medical record  
extremely depressed very happy

### Anxiety

C00\_40. Was ANXIETY discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit [\[Skip to C00\\_43\]](#)
- 3  Not in medical record [\[Skip to C00\\_43\]](#)

C00\_41. Was ANXIETY identified as a concern for the youth by the provider?

- 1  Yes
- 2  No
- 3  Not in medical record

C00\_42. Indicate here youth's self-report of ANXIETY:

1 2 3 4 5 6 7 8 9 10 11-not in medical record  
extremely anxious no anxiety

### Self-harm

C00\_43. Was SELF-HARM discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit [\[Skip to C00\\_47\]](#)
- 3  Not in medical record [\[Skip to C00\\_47\]](#)



C00\_44. Has SELF-HARM ever occurred?

- 1  Yes
- 2  No [Skip to C00\_47]
- 3  Not in medical record [Skip to C00\_47]

C00\_45. When was the last episode of SELF-HARM?

- 1  Days ago
- 2  Weeks ago
- 3  Months ago
- 4  More than a year ago
- 5  Not in medical record

C00\_46. Is parent/guardian aware of SELF-HARM?

- 1  Yes
- 2  No

### **Suicidality**

C00\_47. Was SUICIDALITY discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit [Skip to C00\_55]
- 3  Not in medical record [Skip to C00\_55]

C00\_48. Have SUICIDAL THOUGHTS ever occurred?

- 1  Yes
- 2  No [Skip to C00\_50]
- 3  Not in medical record [Skip to C00\_50]

C00\_49. When was the last episode of SUICIDAL THOUGHTS?

- 1  Days ago
- 2  Weeks ago
- 3  Months ago
- 4  More than a year ago
- 5  Not in medical record

C00\_50. Have SUICIDAL ATTEMPTS ever occurred?

- 1  Yes
- 2  No [Skip to C00\_55]
- 3  Not in medical record [Skip to C00\_55]

C00\_51. When was the last episode of SUICIDAL ATTEMPTS?

- 1  Days ago
- 2  Weeks ago
- 3  Months ago
- 4  More than a year ago
- 5  Not in medical record

C00\_52. [if C00\_48 or C00\_50=1] Is/was parent/guardian aware of SUICIDALITY?

- 1  Yes
- 2  No
- 3  Not in medical record

C00\_53. [if C00\_48 or C00\_50=1] Has professional help been accessed for SUICIDALITY?  
(check all that apply)

- 1  Yes, crisis support (e.g., crisis hotline, ER visit, school counsellor)
- 2  Yes, continuing therapy
- 3  Yes, no longer required (in youth's opinion)
- 4  No, not necessary (in youth's opinion)
- 5  No, unable to access
- 6  Not, reason not provided
- 7  Not in medical record

C00\_54. Was mandated reporting for SUICIDALITY required for this visit?

- 1  Yes
- 2  No

**Safety**

C00\_55. Was SAFETY discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit
- 3  Not in medical record

[if C00\_55=1] C\_56. Was SAFETY identified as a problem for the youth by the provider?

- 1  Yes
- 2  No
- 3  Not in medical record

[if C00\_56=1] C\_57. Where are the safety concerns? (check all that apply)

- 1  Home
- 2  School
- 3  Neighbourhood
- 4  Other (specify): C\_56\_4text \_\_\_\_\_
- 5  Not in medical record

C00\_58. Was mandated reporting for SAFETY required for this visit?

- 1  Yes
- 2  No
- 3  Not in medical record

**Family Support**

C00\_59. Was FAMILY SUPPORT discussed at this visit?

- 1  Yes
- 2  Not discussed at this visit
- 3  Not in medical record

[if C00\_59=1] C00\_60. Notes on support of Mother: \_\_\_\_\_

[if C00\_59=1] C00\_61. Notes on support of Father: \_\_\_\_\_

[if C00\_59=1] C00\_62. Notes on support of other family members: \_\_\_\_\_

**ER & Hospital Visits History**

**C00\_63. Has youth visited the ER in the last 2 years?**

- 1  Yes, how many times? \_\_\_ C00\_63no \_\_\_ [show detail form for # of visits]
- 2  No [Skip to C00\_67]
- 3  Not in medical record [Skip to C00\_68]

**ER VISIT 1**

C00\_64\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_64\_loc. Location \_\_\_\_\_

C00\_64\_rea. Reason \_\_\_\_\_

C00\_64\_kno. Was the help received in the ER gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**ER VISIT 2**

C00\_65\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_65\_loc. Location \_\_\_\_\_

C00\_65\_rea. Reason \_\_\_\_\_

C00\_65\_kno. Was the help received in the ER gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**ER VISIT 3**

C00\_66\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_66\_loc. Location \_\_\_\_\_

C00\_66\_rea. Reason \_\_\_\_\_

C00\_66\_kno. Was the help received in the ER gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**ER VISIT 4**

C00\_67\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_67\_loc. Location \_\_\_\_\_

C00\_67\_rea. Reason \_\_\_\_\_

C00\_67\_kno. Was the help received in the ER gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**C00\_68. Has youth been hospitalized in last 2 years?**

- 1  Yes, how many times? \_\_\_ C00\_68no \_\_\_\_\_
- 2  No [Skip to C00\_73]
- 3  Not in medical record [Skip to C00\_73]

**HOSPITALIZATION VISIT 1**

C00\_69\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_69\_loc. Location \_\_\_\_\_

C00\_69\_rea. Reason \_\_\_\_\_

C00\_69\_kno. Was the help received in the ER gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**HOSPITALIZATION VISIT 2**

C00\_70\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_70\_loc. Location \_\_\_\_\_

C00\_70\_rea. Reason \_\_\_\_\_

C00\_70\_kno. Was the help received in the hospital gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**HOSPITALIZATION VISIT 3**

C00\_71\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_71\_loc. Location \_\_\_\_\_

C00\_71\_rea. Reason \_\_\_\_\_

C00\_71\_kno. Was the help received in the hospital gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

**HOSPITALIZATION VISIT 4**

C00\_72\_date. Date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

C00\_72\_loc. Location \_\_\_\_\_

C00\_72\_rea. Reason \_\_\_\_\_

C00\_72\_kno. Was the help received in the hospital gender knowledgeable?

- 1  Yes
- 2  No
- 3  Not in medical record

### Other Care Youth Receiving

C00\_73. Currently under care from another provider(s) for gender dysphoria and/or mental health issues?

- 1  Yes
- 2  No

C00\_74. **[if C00\_73=1]** Specify provider(s):

- 1  Psychologist
- 2  Psychiatrist
- 3  Counsellor
- 4  Social worker
- 5  Traditional or cultural healer
- 6  Adolescent medicine specialist
- 7  Other, specify: \_\_\_C00\_74\_7text \_\_\_\_\_
- 8  Not specified in medical record

C00\_75. Was a referral made to another provider at this visit?

- 1  Yes, specify where: \_\_\_C00\_75\_1text \_\_\_\_\_
- 2  No
- 3  Not in medical record

### Laboratory assessment

C00\_76. Were blood tests done or ordered, or were results discussed today?

- 1  Yes
- 2  No **[Skip to C00\_97 – bone density]**

C00\_lab date: Date of lab results: dd/mm/yy

*Please indicate the following values from today's/the most recent blood tests.*

C00\_77no LH value: \_\_\_\_\_

LH normal range FEMALE:

C\_77\_low\_f: Lowest: \_\_\_\_\_

C\_77\_high\_f: Highest: \_\_\_\_\_

LH normal range MALE:

C\_77\_low\_f: Lowest: \_\_\_\_\_

C\_77\_high\_f: Highest: \_\_\_\_\_

C00\_78no. FSH value: \_\_\_\_\_

FSH normal range FEMALE:

C\_78\_low\_f: Lowest: \_\_\_\_\_

C\_78\_high\_f: Highest: \_\_\_\_\_

FSH normal range MALE:

C\_78\_low\_m: Lowest: \_\_\_\_\_

C\_78\_high\_m: Highest:\_\_\_\_\_

C00\_79. LH/FSH test was:

- 1  Random
- 2  LHRH Stim Test (SQ or IV)
- 3  Unknown

C00\_80no. Estradiol value:\_\_\_\_\_

Estradiol normal range FEMALE:

C\_80\_low\_f: Lowest:\_\_\_\_\_

C\_80\_high\_f: Highest:\_\_\_\_\_

Estradiol normal range MALE:

C\_80\_low\_m: Lowest:\_\_\_\_\_

C\_80\_high\_m: Highest:\_\_\_\_\_

C00\_81no. Total testosterone value:\_\_\_\_\_

C00\_81um. Total testosterone unit of measurement:

- 1  nmol/L
- 2  Other, specify \_\_\_\_\_C00\_81um\_2text

Total testosterone normal range FEMALE:

C\_81\_low\_f: Lower:\_\_\_\_\_

C\_81\_high\_f: Higher:\_\_\_\_\_

Total testosterone normal range MALE:

C\_81\_low\_m: Lower:\_\_\_\_\_

C\_81\_high\_m: Higher:\_\_\_\_\_

C00\_82no. Free testosterone value:\_\_\_\_\_

C00\_83no. Bioavailable testosterone value: \_\_\_\_\_

C00\_84no. 25OHD value: \_\_\_\_\_

25OHD normal range:

C\_84\_low: Lower: \_\_\_\_\_

C\_84\_high: Higher:\_\_\_\_\_

### CBC Results

C00\_85no: HGB value: \_\_\_\_\_

C\_85low\_m: HGB normal range for MALE: (lower):

C\_85high\_m: HGB normal range for MALE (higher):

C\_85low\_f: HGB normal range for FEMALE: (lower):

C\_85high\_f: HGB normal range for FEMALE (higher):

C00\_86no: HCT value: \_\_\_\_\_

C\_86low\_m: HCT normal range for MALE: (lower):

C\_86high\_m: HCT normal range for MALE (higher):

C\_86low\_f: HCT normal range for FEMALE: (lower):

C\_86high\_f: HCT normal range for FEMALE (higher):

C00\_87no. ALT value:\_\_\_\_\_

ALT normal range:

C\_87\_low: Lower:\_\_\_\_\_

C\_87\_high: Higher:\_\_\_\_\_

C00\_88no. AST value: \_\_\_\_\_  
AST normal range:  
C\_88\_low: Lower: \_\_\_\_\_  
C\_88\_high: Higher: \_\_\_\_\_

C00\_89no. Urea value: \_\_\_\_\_  
Urea normal range:  
C\_89\_low: Lower: \_\_\_\_\_  
C\_89\_high: Higher: \_\_\_\_\_

C00\_90no. Creatinine value: \_\_\_\_\_  
Creatinine normal range:  
C\_90\_low: Lower: \_\_\_\_\_  
C\_90\_high: Higher: \_\_\_\_\_

C00\_91no. Blood glucose value: \_\_\_\_\_  
Blood glucose normal range  
C\_91\_low: Lower: \_\_\_\_\_  
C\_91\_high: Higher: \_\_\_\_\_  
C00\_91. Blood glucose test was:  
1  Random  
2  Fasting  
3  Unknown

C00\_92no. HbA1c value: \_\_\_\_\_  
C00\_92um. HbA1c unit of measurement: \_\_\_\_\_  
1  %  
2  Other, specify \_\_\_\_\_ C00\_92um\_2text  
A1C non-diabetic/normal range: lower: C\_92\_low \_\_\_\_\_ higher: C\_92\_high \_\_\_\_\_

C00\_93no. cholesterol value: \_\_\_\_\_  
Cholesterol normal range  
C\_93\_low: Lower: \_\_\_\_\_  
C\_93\_high: Higher: \_\_\_\_\_  
C00\_94no. LDL value: \_\_\_\_\_  
LDL normal range  
C\_94\_low: Lower: \_\_\_\_\_  
C\_94\_high: Higher: \_\_\_\_\_

C00\_95no. TGL value: \_\_\_\_\_  
TGL normal range  
C\_95\_low: Lower: \_\_\_\_\_  
C\_95\_high: Higher: \_\_\_\_\_

C00\_96no. HDL value: \_\_\_\_\_  
HDL normal range  
C\_96\_low: Lower: \_\_\_\_\_  
C\_96\_high: Higher: \_\_\_\_\_

C00\_97. Is lipid profile measure:  
1  Fasting

- 2  Random
- 3  Unknown

C00\_98no. Prolactin value: \_\_\_\_\_

Prolactin normal range

C\_98\_low: Lower: \_\_\_\_\_

C\_98\_high: Higher: \_\_\_\_\_

C00\_99. BHCG (Urine):

1  Positive/pregnant

2  Negative/not pregnant

C00\_100. BHCG (Blood):

1  Positive/pregnant

2  Negative/not pregnant

Other test 1: specify name: C00\_101text\_\_ and level: C00\_101no \_ and unit of measurement:

C00\_101um

Other test 1 normal range

C00\_101\_low: Lower: \_\_\_\_\_

C00\_101\_high: Higher: \_\_\_\_\_

Other test 2: specify name: C00\_102text\_\_ and level: C00\_102no \_ and unit of measurement:

C00\_102um

Other test 2 normal range

C00\_102\_low: Lower: \_\_\_\_\_

C00\_102\_high: Higher: \_\_\_\_\_

Other test 3: specify name: C00\_103text\_\_ and level: C00\_103no \_ and unit of measurement:

C00\_103um

Other test 3 normal range

C00\_103\_low: Lower: \_\_\_\_\_

C00\_103\_high: Higher: \_\_\_\_\_

### **Bone density performed prior to or ordered at this visit**

C00\_104. Was a bone density scan performed or ordered or results discussed today?:

1  Yes

2  No **[Skip to C00\_111]**

C00\_105. Date of bone scan \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

Bone age (years and months, based on natal sex)

C00\_106\_yrs (years): \_\_\_\_\_

C00\_106\_mos (mos): \_\_\_\_\_

C00\_107. Spine Z score (based on natal sex) \_\_\_\_\_



C00\_108. Hip Z score (based on natal sex) \_\_\_\_\_

C00\_109. Total body Z score (based on natal sex) \_\_\_\_\_

C00\_110. Indicate reason for lack of bone density scan:

- 1  Cost not covered by health care facility
- 2  Cost not covered by province
- 3  Physician does not think it is necessary
- 4  Patient refused
- 5  Parent/guardian refused
- 6  Other, specify \_\_C00\_110\_6text \_\_\_\_\_
- 7  Not in medical record

### Hormone therapy

C00\_111. Will the youth receive hormone therapy?

- 1  Yes [Skip to C00\_116]
- 2  No

C00\_112. What are the physician's reasons for not proceeding with hormone therapy? (check all that apply)

- 1  Gender Dysphoria diagnosis not confirmed
- 2  Tanner 1
- 3  Cost
- 4  Not eligible due to age
- 5  Other, specify: \_\_C00\_112\_5text \_\_\_\_\_
- 6  No objection from physician
- 7  Not in medical record

C00\_113. What are the youth's reasons for not proceeding with hormone therapy? (check all that apply)

- 1  Afraid of needles
- 2  Youth not interested in hormone therapy
- 3  Worried about risks
- 4  Worried about irreversible changes
- 5  Cost
- 6  Other, specify: \_\_C\_113\_6text \_\_\_\_\_
- 7  No objection from youth
- 8  Not in medical record

C00\_114. What are the parent/guardian's reasons for not proceeding with hormone therapy? (check all that apply)

- 1  Disagree with intervention, explain: \_\_C00\_114\_1text \_\_\_\_\_
- 2  Financial reason/cost
- 3  Worried about risks
- 4  Worried about irreversible changes
- 5  Other, specify: \_\_C00\_114\_5text \_\_\_\_\_

- No objection from parent/guardian
- Not in medical record

C00\_115. [if C00\_114=2] Financial reasons for not proceeding with hormone therapy

- No private insurance
- Deductible with private insurance too high
- No compassionate program
- Does not qualify for government program
- Other, specify: \_\_\_C00\_115\_5text \_\_\_\_\_
- Not in medical record

C00\_116\_AF. Medications prescribed at this visit

- Lupron
- Depo-Provera
- Continuous Birth Control Pills
- Levonorgestrel-releasing intrauterine system (Mirena/IUD)
- Testosterone
- Other, specify: \_\_\_C00\_116\_8text \_\_\_\_\_

C00\_116\_AM. Medications prescribed at this visit

- Lupron
- Spironolactone
- Estrogen
- Other, specify: \_\_\_C00\_116\_8text \_\_\_\_\_

**Lupron** [complete section [if C00\_116\_AF or C00\_116\_AM = 1]

C00\_117. LUPRON dose \_\_\_\_\_mg.

C00\_118. Lupron Frequency:

C00\_119. Physician's reason for recommending LUPRON

- Most physiologic method
- Allows lower dose of CSH
- Potential side-effects
- Faster cessation of menses
- Reversible
- Youth's preference
- Doctor's preference
- Other, specify \_\_\_C00\_119\_8text \_\_\_\_\_
- Not in medical record

C00\_120. Youth's reason for choosing LUPRON

- Lowers estrogen/testosterone
- Allows lower dose of CSH
- Potential side-effects
- Stops periods faster
- Reversible

- 6  Youth's preference
- 7  Doctor's preference
- 8  Parents' preference
- 9  Other, specify \_\_\_C00\_120\_9text
- 10  Not in medical record

**Depo-Provera** [complete section [If C00\_116\_AF = 2]]

- C00\_121. DEPO-PROVERA dose \_\_\_\_\_
- C00\_122. Physician's reason for recommending DEPO-PROVERA
- 1  Potential side-effects
  - 2  Cost
  - 3  Contraception
  - 4  Youth's preference
  - 5  Doctor's preference
  - 6  Other, specify: \_\_\_C00\_122\_6text
  - 7  Not in medical record
- C00\_123. Youth's reason for choosing DEPO-PROVERA
- 1  Potential side-effects
  - 2  Cost
  - 3  Contraception
  - 4  Youth's preference
  - 5  Doctor's preference
  - 6  Parents' preference
  - 7  Other, specify: \_\_\_C00\_123\_7text
  - 8  Not in medical record

**Continuous Birth Control Pills** [complete section [If C00\_116\_AF = 3]]

- C00\_124. CONTINUOUS BCP dose \_\_\_\_\_
- C00\_125. Physician's reason for recommending CONTINUOUS BCP
- 1  Contraception
  - 2  Potential side-effects
  - 3  Cost
  - 4  Youth's preference
  - 5  Doctor's preference
  - 6  No injection required
  - 7  Does not require health professional to administer
  - 8  Other, specify: \_\_\_C00\_125\_8text
  - 9  Not in medical record
- C00\_126. Youth's reason for choosing CONTINUOUS BCP
- 1  Contraception
  - 2  Potential side-effects
  - 3  Cost
  - 4  Youth's preference
  - 5  Doctor's preference

- 6  Parents' preference
- 7  No injection required
- 8  Does not require health professional to administer
- 9  Other, specify: \_\_\_C00\_126\_9text
- 10  Not in medical record

**Levonorgestrel-releasing intrauterine system (Mirena/IUD) [complete section [If C00\_116\_AF = 4]]**

C00\_127. Physician's reason for recommending IUD

- 1  Contraception
- 2  Potential side-effects
- 3  Cost
- 4  Youth's preference
- 5  Doctor's preference
- 6  Other, specify: \_\_\_C00\_127\_6text
- 7  Not in medical record

C00\_128. Youth's reason for choosing IUD

- 1  Contraception
- 2  Potential side-effects
- 3  Cost
- 4  Youth's preference
- 5  Doctor's preference
- 6  Parents' preference
- 7  Other, specify: \_\_\_C00\_128\_7text
- 8  Not in medical record

**Testosterone [complete section [If C00\_116\_AF = 5]]**

C00\_129. TESTOSTERONE dose \_\_\_\_\_

C00\_130. TESTOSTERONE frequency of administration \_\_\_\_\_

C00\_131. TESTOSTERONE route of administration \_\_\_\_\_

**Spirolactone [complete section [If C00\_116\_AM = 6]]**

C00\_132. SPIRONOLACTONE dose \_\_\_\_\_

C00\_133. Physician's reason for recommending SPIRONOLACTONE

- 1  Potential side-effects
- 2  Cost
- 3  Does not require health professional to administer
- 4  Youth's preference
- 5  Doctor's preference
- 6  Other, specify: \_\_\_C00\_133\_6text
- 7  Not in medical record

C00\_134. Youth's reason for choosing SPIRONOLACTONE

- 1  Potential side-effects
- 2  Cost
- 3  Does not require health professional to administer
- 4  Youth's preference
- 5  Doctor's preference
- 6  Parents' preference
- 7  Other, specify: \_\_\_ C00\_134\_7text
- 8  Not in medical record

**Estrogen** [complete section [If C00\_116\_AM = 7]]

C00\_135. ESTROGEN dose \_\_\_\_\_

C00\_136. ESTROGEN frequency of administration \_\_\_\_\_

C00\_137. ESTROGEN route of administration \_\_\_\_\_

**Other medication** [complete section [If C00\_116\_AM or C00\_116\_AF = 8]]

C00\_138. <C00\_116\_8text> dose \_\_\_\_\_

C00\_139. <C00\_116\_8text> frequency of administration \_\_\_\_\_

C00\_140. Physician's reason for recommending <C00\_116\_8text> \_\_\_\_\_

C00\_141. Youth's reason for choosing <C00\_116\_8text> \_\_\_\_\_

**Anticipated Hormone Funding**

**Lupron** [complete section [If C00\_116\_AM or C00\_116\_AF = 1]]

C00\_142. Anticipated funding sources for LUPRON discussed at this visit?

- 1  Yes
- 2  No [Skip rest of section]

Anticipated funding sources for LUPRON

C00\_143\_1  Private insurance; % co-payment: \_\_\_ C00\_143\_1no \_\_\_ %

C00\_143\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_143\_2no \_\_\_ %

C00\_143\_3  Social assistance program; % co-payment: \_\_\_ C00\_143\_3no \_\_\_ %

C00\_143\_4  Disability program; % co-payment: \_\_\_ C00\_143\_4no \_\_\_ %

C00\_143\_5  Another provincial health program; % co-payment: \_\_\_ C00\_143\_5no \_\_\_ %

C00\_143\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_143\_6no \_\_\_ %

C00\_143\_7  Self-payment

C00\_143\_8  Payment from a friend

C00\_143\_9  Payment from internet crowdfunding

C00\_143\_10  Another method of payment; specify \_\_\_ C00\_143\_10\_text \_\_\_\_\_

**Depo-Provera** [complete section [If C00\_116\_AF = 2]]

C00\_144. Anticipated funding sources for DEPO-PROVERA discussed at this visit?

- 1  Yes
- 2  No [Skip rest of section]

Anticipated funding sources for DEPO-PROVERA

- C00\_145\_1  Private insurance; % co-payment: \_\_\_ C00\_145\_1no \_\_\_ %
- C00\_145\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_145\_2no \_\_\_ %
- C00\_145\_3  Social assistance program; % co-payment: \_\_\_ C00\_145\_3no \_\_\_ %
- C00\_145\_4  Disability program; % co-payment: \_\_\_ C00\_145\_4no \_\_\_ %
- C00\_145\_5  Another provincial health program; % co-payment: \_\_\_ C00\_145\_5no \_\_\_ %
- C00\_145\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_145\_6no \_\_\_ %
- C00\_145\_7  Self-payment
- C00\_145\_8  Payment from a friend
- C00\_145\_9  Payment from internet crowdfunding
- C00\_145\_10  Another method of payment; specify \_\_\_ C00\_145\_10text \_\_\_\_\_

**Continuous BCP** [complete section [If C00\_116\_AF = 3]]

C00\_146. Anticipated funding sources for CONTINUOUS BCP discussed at this visit?

- 1  Yes
- 2  No [Skip rest of section]

Anticipated funding sources for CONTINUOUS BCP

- C00\_147\_1  Private insurance; % co-payment: \_\_\_ C00\_147\_1no \_\_\_ %
- C00\_147\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_147\_2no \_\_\_ %
- C00\_147\_3  Social assistance program; % co-payment: \_\_\_ C00\_147\_3no \_\_\_ %
- C00\_147\_4  Disability program; % co-payment: \_\_\_ C00\_147\_4no \_\_\_ %
- C00\_147\_5  Another provincial health program; % co-payment: \_\_\_ C00\_147\_5no \_\_\_ %
- C00\_147\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_147\_6no \_\_\_ %
- C00\_147\_7  Self-payment
- C00\_147\_8  Payment from a friend
- C00\_147\_9  Payment from internet crowdfunding
- C00\_147\_10  Another method of payment; specify \_\_\_ C00\_147\_10text \_\_\_\_\_

**Levonorgestrel-releasing intrauterine system (Mirena/IUD)** [complete section [If C00\_116\_AF = 4]]

C00\_148. Were anticipated funding sources for the IUD discussed at this visit?

- 1  Yes
- 2  No [Skip rest of section]

Anticipated funding sources for the IUD

- C00\_149\_1  Private insurance; % co-payment: \_\_\_ C00\_149\_1no \_\_\_ %  
 C00\_149\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_149\_2no \_\_\_ %  
 C00\_149\_3  Social assistance program; % co-payment: \_\_\_ C00\_149\_3no \_\_\_ %  
 C00\_149\_4  Disability program; % co-payment: \_\_\_ C00\_149\_4no \_\_\_ %  
 C00\_149\_5  Another provincial health program; % co-payment: \_\_\_ C00\_149\_5no \_\_\_ %  
 C00\_149\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_149\_6no \_\_\_ %  
 C00\_149\_7  Self-payment  
 C00\_149\_8  Payment from a friend  
 C00\_149\_9  Payment from internet crowdfunding  
 C00\_149\_10  Another method of payment; specify \_\_\_ C00\_149\_10text \_\_\_\_\_

**Testosterone** [complete section [If C00\_116\_AF = 5]]

- C00\_150. Were anticipated funding sources for TESTOSTERONE discussed at this visit?  
 1  Yes  
 2  No [Skip rest of section]

Anticipated funding sources for TESTOSTERONE

- C00\_151\_1  Private insurance; % co-payment: \_\_\_ C00\_151\_1no \_\_\_ %  
 C00\_151\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_151\_2no \_\_\_ %  
 C00\_151\_3  Social assistance program; % co-payment: \_\_\_ C00\_151\_3no \_\_\_ %  
 C00\_151\_4  Disability program; % co-payment: \_\_\_ C00\_151\_4no \_\_\_ %  
 C00\_151\_5  Another provincial health program; % co-payment: \_\_\_ C00\_151\_5no \_\_\_ %  
 C00\_151\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_151\_6no \_\_\_ %  
 C00\_151\_7  Self-payment  
 C00\_151\_8  Payment from a friend  
 C00\_151\_9  Payment from internet crowdfunding  
 C00\_151\_10  Another method of payment; specify \_\_\_ C00\_151\_10text \_\_\_\_\_

**Spirolactone** [complete section [If C00\_116\_AM = 6]]

- C00\_152. Were anticipated funding sources for SPIRONOLACTONE discussed at this visit?  
 1  Yes  
 2  No [Skip rest of section]

Anticipated funding sources for SPIRONOLACTONE

- C00\_153\_1  Private insurance; % co-payment: \_\_\_ C00\_153\_1no \_\_\_ %  
 C00\_153\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_153\_2no \_\_\_ %  
 C00\_153\_3  Social assistance program; % co-payment: \_\_\_ C00\_153\_3no \_\_\_ %  
 C00\_153\_4  Disability program; % co-payment: \_\_\_ C00\_152\_4no \_\_\_ %  
 C00\_153\_5  Another provincial health program; % co-payment: \_\_\_ C00\_153\_5no \_\_\_ %

C00\_153\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_153\_6no \_\_\_ %

C00\_153\_7  Self-payment

C00\_153\_8  Payment from a friend

C00\_153\_9  Payment from internet crowdfunding

C00\_153\_10  Another method of payment; specify \_\_\_ C00\_153\_10text \_\_\_\_\_

**Estrogen [complete section [If C00\_116\_AM = 7]]**

C00\_154. Were anticipated funding sources for ESTROGEN discussed at this visit?

1  Yes

2  No [Skip rest of section]

Anticipated funding sources for ESTROGEN

C00\_155\_1  Private insurance; % co-payment: \_\_\_ C00\_155\_1no \_\_\_ %

C00\_155\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_155\_2no \_\_\_ %

C00\_155\_3  Social assistance program; % co-payment: \_\_\_ C00\_155\_3no \_\_\_ %

C00\_155\_4  Disability program; % co-payment: \_\_\_ C00\_155\_4no \_\_\_ %

C00\_155\_5  Another provincial health program; % co-payment: \_\_\_ C00\_155\_5no \_\_\_ %

C00\_155\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_155\_6no \_\_\_ %

C00\_155\_7  Self-payment

C00\_155\_8  Payment from a friend

C00\_155\_9  Payment from internet crowdfunding

C00\_155\_10  Another method of payment; specify \_\_\_ C00\_155\_10text \_\_\_\_\_

**Other (specified: <C00\_116\_8text>) [complete section [If C00\_116\_AF OR 116\_AM = 8]]**

C00\_156. Were anticipated funding sources for <C00\_116\_8text> discussed at this visit?

1  Yes

2  No [Skip rest of section]

Anticipated funding sources for <C00\_116\_8text>

C00\_157\_1  Private insurance; % co-payment: \_\_\_ C00\_157\_1no \_\_\_ %

C00\_157\_2  Provincial insurance program; % co-payment: \_\_\_ C00\_157\_2no \_\_\_ %

C00\_157\_3  Social assistance program; % co-payment: \_\_\_ C00\_157\_3no \_\_\_ %

C00\_157\_4  Disability program; % co-payment: \_\_\_ C00\_157\_4no \_\_\_ %

C00\_157\_5  Another provincial health program; % co-payment: \_\_\_ C00\_157\_5no \_\_\_ %

C00\_157\_6  Compassionate funding program; % co-payment: \_\_\_ C00\_157\_6no \_\_\_ %

C00\_157\_7  Self-payment

C00\_157\_8  Payment from a friend

C00\_157\_9  Payment from internet crowdfunding

C00\_157\_10  Another method of payment; specify \_\_\_ C00\_157\_10text \_\_\_\_\_