

**Version January 11 2018**  
**Standardized Clinic Case Report Form – Follow-up**

\*\*\*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

**Follow up Visit Case Report Form**

**YouthID. Study ID:** \_\_\_\_\_

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

- 1  male
- 2  female

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

**C\_POST\_CHANGE. Has the youth's postal code changed SINCE THEIR LAST CLINIC VISIT?**

- 1  Yes
- 2  No

**C\_POST. [if C\_POST\_CHANGE = 1] Youth Postal Code :** \_\_\_\_\_

**C\_CLINIC. Clinic:**

- 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)

**C\_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: \_\_\_\_\_C\_PROVID\_25text

**C\_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: \_\_\_\_\_C\_PSPEC\_8text \_\_\_\_\_

**Health History**

Any reports of abuse SINCE THE LAST CLINIC VISIT? (check all that apply)

- C\_1\_1  Sexual
- C\_1\_2  Physical
- C\_1\_3  Emotional
- C\_1\_4  None of the above
- C\_1\_5  Not in medical record
- C\_1\_5  Unknown/other type of abuse

Any NEW diagnoses SINCE THE LAST CLINIC VISIT? (check all that apply)

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

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

C\_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:**

C\_4\_1  Fluoxetine (Prozac)

C\_4\_2  Sertraline (Zoloft)

C\_4\_3  Citalopram (Celexa)

C\_4\_4  Escitalopram (Cipralext)

C\_4\_5  Fluxoxamine (Luvox)

C\_4\_6  Venlafaxine (Effexor)

C\_4\_7  Desvenlafaxine (Pristiq)

C\_4\_8  Quetiapine (Seroquel)

C\_4\_9  Aripiprazole (Abilify)

C\_4\_10  Risperidone (Risperdal)

C\_4\_11  Lorazepam (Ativan)

C\_4\_12  Clonazepam (Rivotril)

C\_4\_13  Trazodone (Desyrel)

C\_4\_14  Melatonin

C\_4\_15  Methylphenidate (Concerta, Biphentin, Ritalin)

C\_4\_16  Amphetamine/dextroamphetamine (Adderall)

C\_4\_17  Lisdexamfetamine (Vyvanse)

C\_4\_18  Atomoxetine (Strattera)

C\_4\_19  Calcium carbonate

C\_4\_20  Other, specify (include youth reference such as ‘antidepressant-do not know name’): \_\_\_\_\_ C\_4\_20text

**C\_5. Gender Identity**

1  Male

2  Female

3  Non-binary

4  Other, specify \_C\_5\_4text \_\_\_\_\_

5  Not in medical record

**C\_6. Preferred Pronoun**

1  He/him

2  She/her

3  They

- 4  Other, specify: \_\_C\_6\_4text
- 5  Not in medical record

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

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

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

**Pubertal status based on Physical Exam**

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

- 1  Yes [Skip to C\_14]
- 2  No

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

- 1  Patient decision
- 2  Physician decision, reason \_\_C\_13\_2text \_\_\_\_\_
- 3  Not applicable for this visit
- 4  Not in medical record

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

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

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

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

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

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

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

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

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

**Vitamin D**

C\_23. Is youth currently taking Vitamin D?

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

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

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

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

C\_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 \_\_\_C\_27\_4no \_\_\_\_\_
- 5  Physician decision
- 6  Cost
- 7  Other, specify \_\_\_C\_27\_7text \_\_\_\_\_
- 8  Not in medical record

### Gender Dysphoria

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

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

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

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

C\_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

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

- 1  Yes

- Not discussed at this visit [\[Skip to C\\_40\]](#)
- Not in medical record [\[Skip to C\\_40\]](#)

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

- Yes
- No
- Not in medical record

C\_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									very	
depressed									happy	

**Anxiety**

C\_40. Was ANXIETY discussed at this visit?

- Yes
- Not discussed at this visit [\[Skip to C\\_43\]](#)
- Not in medical record [\[Skip to C\\_43\]](#)

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

- Yes
- No
- Not in medical record

C\_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									no	
anxious									anxiety	

**Self-harm**

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

- Yes
- Not discussed at this visit [\[Skip to C\\_47\]](#)
- Not in medical record [\[Skip to C\\_47\]](#)

C\_44. Has SELF-HARM ever occurred?

- Yes
- No [\[Skip to C\\_47\]](#)

Not in medical record [Skip to C\_47]

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

- Days ago
- Weeks ago
- Months ago
- More than a year ago
- Not in medical record

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

- Yes
- No

### **Suicidality**

C\_47. Was SUICIDALITY discussed at this visit?

- Yes
- Not discussed at this visit [Skip to C\_55]
- Not in medical record [Skip to C\_55]

C\_48. Have SUICIDAL THOUGHTS ever occurred?

- Yes
- No [Skip to C\_50]
- Not in medical record [Skip to C\_50]

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

- Days ago
- Weeks ago
- Months ago
- More than a year ago
- Not in medical record

C\_50. Have SUICIDAL ATTEMPTS ever occurred?

- Yes
- No [Skip to C\_55]
- Not in medical record [Skip to C\_55]

C\_51. [if C\_50=1] When was the last episode of SUICIDAL ATTEMPTS?

- Days ago
- Weeks ago
- Months ago
- More than a year ago
- Not in medical record

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

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

C\_53. [if C\_48 or C\_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  No, reason not provided
- 7  Not in medical record

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

- 1  Yes
- 2  No

### Safety

C\_55. Was SAFETY discussed at this visit?

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

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

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

[if C\_55=1] C\_58. Was mandated reporting for SAFETY required for this visit?

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

### Family Support



C\_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

**C\_63. Has youth visited the ER SINCE THE LAST CLINIC VISIT?**

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

### ER VISIT 1

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

C\_64\_loc. Location \_\_\_\_\_

C\_64\_rea. Reason \_\_\_\_\_

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

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

### ER VISIT 2

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

C\_65\_loc. Location \_\_\_\_\_

C\_65\_rea. Reason \_\_\_\_\_

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

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

### ER VISIT 3

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

C\_66\_loc. Location \_\_\_\_\_

C\_66\_rea. Reason \_\_\_\_\_

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

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

### ER VISIT 4

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

C\_67\_loc. Location \_\_\_\_\_

C\_67\_rea. Reason \_\_\_\_\_

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

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

**C\_68. Has youth been hospitalized SINCE THE LAST CLINIC VISIT?**

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

**HOSPITALIZATION VISIT 1**

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

C\_69\_loc. Location \_\_\_\_\_

C\_69\_rea. Reason \_\_\_\_\_

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

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

**HOSPITALIZATION VISIT 2**

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

C\_70\_loc. Location \_\_\_\_\_

C\_70\_rea. Reason \_\_\_\_\_

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

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

**HOSPITALIZATION VISIT 3**

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

C\_71\_loc. Location \_\_\_\_\_

C\_71\_rea. Reason \_\_\_\_\_

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

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

**HOSPITALIZATION VISIT 4**

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

C\_72\_loc. Location \_\_\_\_\_

C\_72\_rea. Reason \_\_\_\_\_

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

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

## Other Care Youth Receiving

C\_73. Is the youth under care from any new provider(s) for gender dysphoria and/or mental health issues SINCE THE LAST CLINIC VISIT?

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

C\_74. [if C\_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: \_\_\_C\_74\_7text \_\_\_\_\_
- 8  Not specified in medical record

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

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

## Laboratory assessment

C\_76. Were blood tests done or ordered SINCE THE LAST CLINIC VISIT?

- 1  Yes
- 2  No [Skip to C\_104 – bone density]

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

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

C\_77no LH value: \_\_\_\_\_

C\_78no. FSH value: \_\_\_\_\_

C\_79. LH/FSH test was:

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

C\_80no. Estradiol value: \_\_\_\_\_

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

C\_81um. Total testosterone unit of measurement:

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

C\_82no. Free testosterone value: \_\_\_\_\_  
C\_83no. Bioavailable testosterone value: \_\_\_\_\_  
C\_84no. 25OHD value: \_\_\_\_\_

CBC Results

C\_85no: HGB value: \_\_\_\_

C\_86no: HCT value: \_\_\_\_

C\_87no. ALT value: \_\_\_\_\_

C\_88no. AST value: \_\_\_\_\_

C\_89no. Urea value: \_\_\_\_\_

C\_90no. Creatinine value: \_\_\_\_\_

C\_91no. Blood glucose value: \_\_\_\_\_

C\_91. Blood glucose test was:

- 1  Random
- 2  Fasting
- 3  Unknown

C\_92no. HbA1c value: \_\_\_\_\_

C\_92um. HbA1c unit of measurement: \_\_\_\_\_

- 1  %
- 2  Other, specify \_\_\_\_c\_92um\_2text

C\_93no. cholesterol value: \_\_\_\_\_

C\_94no. LDL value: \_\_\_\_\_

C\_95no. TGL value: \_\_\_\_\_

C\_96no. HDL value: \_\_\_\_\_

C\_97. Is lipid profile measure:

- 1  Fasting
- 2  Random
- 3  Unknown

C\_98no. Prolactin value: \_\_\_\_\_

C\_99. BHCG (Urine):

- 1  Positive/pregnant
- 2  Negative/not pregnant

C\_100. BHCG (Blood):

- 1  Positive/pregnant
- 2  Negative/not pregnant

Other test 1:specify name: C\_101text\_\_and level: C\_101no \_ and unit of measurement:  
C\_101um  
Other test 1 normal range  
C\_101\_low: Lower: \_\_\_\_  
C\_101\_high: Higher:\_\_\_\_  
Other test 2:specify name: C\_102text\_\_and level: C\_102no \_ and unit of measurement:  
C\_102um  
Other test 2 normal range  
C\_102\_low: Lower: \_\_\_\_  
C\_102\_high: Higher:\_\_\_\_  
Other test 3:specify name: C\_103text\_\_and level: C\_103no \_ and unit of measurement:  
C\_103um  
Other test 3 normal range  
C\_103\_low: Lower: \_\_\_\_  
C\_103\_high: Higher:\_\_\_\_

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

C\_104. Was a bone density scan performed or ordered or results SINCE THE LAST CLINIC VISIT?:

- 1  Yes  
2  No **[Skip to C\_111]**

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

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

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

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

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

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

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

C\_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 \_\_\_C\_110\_6text \_\_\_\_\_  
7  Not in medical record

### **Hormone therapy**

C\_111\_1. Is the youth currently receiving hormone therapy?

- 1  Yes

- 2  No
- 3  Not in medical record

[if C\_111\_1=2] C\_111. Will the youth be starting on hormone therapy at this visit?

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

[if C\_111\_1=2 and C\_111=2] C\_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: \_\_C\_112\_5text \_\_\_\_\_
- 6  No objection from physician
- 7  Not in medical record

[if C\_111\_1=2 or C\_111=2] C\_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

[if C\_111\_1=2 or C\_111=2] C\_114. What are the parent/guardian's reasons for not proceeding with hormone therapy? (check all that apply)

- 1  Disagree with intervention, explain: \_\_C\_114\_1text \_\_\_\_\_
- 2  Financial reason/cost
- 3  Worried about risks
- 4  Worried about irreversible changes
- 5  Other, specify: \_\_C\_107\_5text \_\_\_\_\_
- 6  No objection from parent/guardian
- 7  Not in medical record

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

- 1  No private insurance
- 2  Deductible with private insurance too high
- 3  No compassionate program
- 4  Does not qualify for government program
- 5  Other, specify: \_\_C\_108\_5text \_\_\_\_\_
- 6  Not in medical record

[if C\_111=1 & C\_SAB=2] C\_116\_AF. Medications prescribed at this visit

- 1  Lupron
- 2  Depo-Provera
- 3  Continuous Birth Control Pills
- 4  Levonorgestrel-releasing intrauterine system (Mirena/IUD)
- 5  Testosterone
- 8  Other, specify: \_\_\_C\_116\_8text \_\_\_\_\_

[if C\_111=1 & C\_SAB=2] C\_116\_AM. Medications prescribed at this visit

- 1  Lupron
- 6  Spironolactone
- 7  Estrogen
- 8  Other, specify: \_\_\_C\_116\_8text \_\_\_\_\_

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

- C\_117. LUPRON dose \_\_\_\_\_mg.
- C\_118. Lupron Frequency:
- C\_119. Physician's reason for recommending LUPRON
- 1  Most physiologic method
  - 2  Allows lower dose of CSH
  - 3  Potential side-effects
  - 4  Faster cessation of menses
  - 5  Reversible
  - 6  Youth's preference
  - 7  Doctor's preference
  - 8  Other, specify \_\_\_C\_119\_8text
  - 9  Not in medical record

- C\_120. Youth's reason for choosing LUPRON
- 1  Lowers estrogen/testosterone
  - 2  Allows lower dose of CSH
  - 3  Potential side-effects
  - 4  Stops periods faster
  - 5  Reversible
  - 6  Youth's preference
  - 7  Doctor's preference
  - 8  Parents' preference
  - 9  Other, specify \_\_\_C\_120\_9text
  - 10  Not in medical record

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

- C\_121. DEPO-PROVERA dose \_\_\_\_\_
- C\_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: \_\_\_C\_122\_6text
- 7  Not in medical record

C\_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: \_\_\_C\_123\_7text
- 8  Not in medical record

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

C\_124. CONTINUOUS BCP dose \_\_\_\_\_

C\_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: \_\_\_C\_125\_7text
- 9  Not in medical record

C\_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: \_\_\_C\_126\_9text
- 10  Not in medical record

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



C\_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: \_\_\_C\_127\_6text
- 7  Not in medical record

C\_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: \_\_\_C\_128\_7text
- 8  Not in medical record

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

C\_129. TESTOSTERONE dose \_\_\_\_\_

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

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

**Spironolactone** [complete section [If C\_116\_AM = 6]]

C\_132. SPIRONOLACTONE dose \_\_\_\_\_

C\_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: \_\_\_C\_133\_6text
- 7  Not in medical record

C\_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: \_\_\_C\_134\_7text
- 8  Not in medical record

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

- C\_135. ESTROGEN dose \_\_\_\_\_
- C\_136. ESTROGEN frequency of administration \_\_\_\_\_
- C\_137. ESTROGEN route of administration \_\_\_\_\_

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

- C\_138. <C\_116\_8text> dose \_\_\_\_\_
- C\_139. <C\_116\_8text> frequency of administration \_\_\_\_\_
- C\_140. Physician's reason for recommending <C\_116\_8text> \_\_\_\_\_
- C\_141. Youth's reason for choosing <C\_116\_8text> \_\_\_\_\_

**Anticipated Hormone Funding**

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

- C\_142. Anticipated funding sources for LUPRON discussed at this visit?  
1  Yes  
2  No [Skip rest of section]

Anticipated funding sources for LUPRON

- C\_143\_1  Private insurance; % co-payment: \_\_\_ C\_143\_1no \_\_\_ %
- C\_143\_2  Provincial insurance program; % co-payment: \_\_\_ C\_143\_2no \_\_\_ %
- C\_143\_3  Social assistance program; % co-payment: \_\_\_ C\_143\_3no \_\_\_ %
- C\_143\_4  Disability program; % co-payment: \_\_\_ C\_143\_4no \_\_\_ %
- C\_143\_5  Another provincial health program; % co-payment: \_\_\_ C\_143\_5no \_\_\_ %
- C\_143\_6  Compassionate funding program; % co-payment: \_\_\_ C\_143\_6no \_\_\_ %
- C\_143\_7  Self-payment
- C\_143\_8  Payment from a friend
- C\_143\_9  Payment from internet crowdfunding
- C\_143\_10  Another method of payment; specify \_\_\_ C\_143\_10\_text \_\_\_\_\_

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

- C\_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

- C\_145\_1  Private insurance; % co-payment: \_\_\_ C\_145\_1no \_\_\_ %
- C\_145\_2  Provincial insurance program; % co-payment: \_\_\_ C\_145\_2no \_\_\_ %
- C\_145\_3  Social assistance program; % co-payment: \_\_\_ C\_145\_3no \_\_\_ %
- C\_145\_4  Disability program; % co-payment: \_\_\_ C\_145\_4no \_\_\_ %
- C\_145\_5  Another provincial health program; % co-payment: \_\_\_ C\_145\_5no \_\_\_ %
- C\_145\_6  Compassionate funding program; % co-payment: \_\_\_ C\_145\_6no \_\_\_ %

- C\_145\_7  Self-payment
- C\_145\_8  Payment from a friend
- C\_145\_9  Payment from internet crowdfunding
- C\_145\_10  Another method of payment; specify \_\_\_C\_145\_10text\_\_\_\_\_

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

- C\_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

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

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

- C\_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

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

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

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

Anticipated funding sources for TESTOSTERONE

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

**Spironolactone** [complete section [If C\_116\_AM = 6]]

C\_152. Were anticipated funding sources for SPIRONOLACTONE discussed at this visit?

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

Anticipated funding sources for SPIRONOLACTONE

- C\_153\_1  Private insurance; % co-payment: \_\_\_ C\_153\_1no \_\_\_ %
- C\_153\_2  Provincial insurance program; % co-payment: \_\_\_ C\_153\_2no \_\_\_ %
- C\_153\_3  Social assistance program; % co-payment: \_\_\_ C\_153\_3no \_\_\_ %
- C\_153\_4  Disability program; % co-payment: \_\_\_ C\_153\_4no \_\_\_ %
- C\_153\_5  Another provincial health program; % co-payment: \_\_\_ C\_153\_5no \_\_\_ %
- C\_153\_6  Compassionate funding program; % co-payment: \_\_\_ C\_153\_6no \_\_\_ %
- C\_153\_7  Self-payment
- C\_153\_8  Payment from a friend
- C\_153\_9  Payment from internet crowdfunding
- C\_153\_10  Another method of payment; specify \_\_\_ C\_153\_10text \_\_\_\_\_

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

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

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

Anticipated funding sources for ESTROGEN

- C\_155\_1  Private insurance; % co-payment: \_\_\_ C\_155\_1no \_\_\_ %
- C\_155\_2  Provincial insurance program; % co-payment: \_\_\_ C\_155\_2no \_\_\_ %
- C\_155\_3  Social assistance program; % co-payment: \_\_\_ C\_155\_3no \_\_\_ %
- C\_155\_4  Disability program; % co-payment: \_\_\_ C\_155\_4no \_\_\_ %
- C\_155\_5  Another provincial health program; % co-payment: \_\_\_ C\_155\_5no \_\_\_ %
- C\_155\_6  Compassionate funding program; % co-payment: \_\_\_ C\_155\_6no \_\_\_ %
- C\_155\_7  Self-payment
- C\_155\_8  Payment from a friend
- C\_155\_9  Payment from internet crowdfunding
- C\_155\_10  Another method of payment; specify \_\_\_ C\_155\_10text \_\_\_\_\_

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

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

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

Anticipated funding sources for <C\_116\_8text>

- C\_157\_1  Private insurance; % co-payment: \_\_\_ C\_150\_1no \_\_\_ %
- C\_157\_2  Provincial insurance program; % co-payment: \_\_\_ C\_150\_2no \_\_\_ %
- C\_157\_3  Social assistance program; % co-payment: \_\_\_ C\_150\_3no \_\_\_ %
- C\_157\_4  Disability program; % co-payment: \_\_\_ C\_150\_4no \_\_\_ %
- C\_157\_5  Another provincial health program; % co-payment: \_\_\_ C\_150\_5no \_\_\_ %
- C\_157\_6  Compassionate funding program; % co-payment: \_\_\_ C\_150\_6no \_\_\_ %
- C\_157\_7  Self-payment
- C\_157\_8  Payment from a friend
- C\_157\_9  Payment from internet crowdfunding
- C\_158\_10  Another method of payment; specify \_\_\_ C\_150\_10text \_\_\_\_\_

**[if C\_111\_1=1 & SAB=2] C\_159\_af. Which medications is the youth currently taking?**

- 1  Lupron
- 2  Depo-Provera
- 3  Continuous birth control pill
- 4  Levonorgestrel-releasing intrauterine system (Mirena/IUD)
- 5  Testosterone
- 8  Other, specify name: \_\_\_ C\_159\_8text \_\_\_

**[if C\_111\_1=1 & SAB=1] C\_159\_am. Which medications is the youth currently taking?**

- 1  Lupron
- 6  Spironolactone
- 7  Estrogen
- 8  Other, specify name: \_\_\_ C\_159\_8text \_\_\_

**[if C\_159\_af or C\_159\_am =1] Lupron:**

C\_160: Lupron dose: \_\_\_ mg  
C\_161: Lupron frequency of administration: \_\_\_\_\_

**[if C\_159\_af =2] Depo-Provera:**

C\_162. Depo-Provera dose: \_\_\_\_\_

**[if C\_159\_af =3] Continuous BCP:**

C\_163. Continuous BCP dose: \_\_\_\_\_

**[if C\_159\_af =5] Testosterone:**

C\_164. Testosterone dose: \_\_\_\_\_  
C\_165. Testosterone frequency of administration: \_\_\_\_\_  
C\_166. Testosterone route of administration: \_\_\_\_\_

**[if C\_159\_am=6] Spironolactone:**

C\_167. Spironolactone dose: \_\_\_\_\_

**[if C\_159\_am=7] Estrogen:**

C\_168. Estrogen dose: \_\_\_\_\_

C\_169. Estrogen frequency of administration: \_\_\_\_\_

C\_170. Estrogen route of administration: \_\_\_\_\_

**[if C\_159\_af =8 or C\_159\_am =8] Other medication <C\_159\_8text>:**

C\_171: dose: \_\_\_\_\_

C\_172: frequency of administration: \_\_\_\_\_

**[if C\_111\_1=1] C\_173. Are there any side effects related to hormone therapy noted? (check all that apply)**

- 1  Acne
- 2  Hair loss (on head)
- 3  Anger or grouchiness
- 4  Mood improved
- 5  Mood worse
- 6  Weight gain
- 7  Weight loss
- 8  Breast/chest discharge
- 9  Erections
- 10  Menstrual periods
- 11  Night sweats
- 12  Injection site warm, swollen, and red
- 13  Sterile abscess
- 14  Injection site itchy or with hives
- 15  Increase in body hair
- 16  Decrease in body hair
- 17  Hot flashes
- 18  Nausea
- 19  Breast/chest tenderness or pain
- 20  Other, please specify \_\_C\_173\_20text\_\_\_\_\_
- 21  Not in medical record

### **Referral For Surgery**

C\_174. Has the youth been referred for TOP surgery since their last visit?

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

**[if C\_174=1] C\_175. Does that youth have a consult book with the surgeon?**

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

[if C\_174=1] C\_176. Has the youth had an appointment with the surgeon?

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

[if C\_174=1] C\_177. Were anticipated funding sources for TOP SURGERY discussed at this visit?

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

[if C\_177=1] C\_178. Anticipated funding sources for TOP SURGERY

- 1  Private insurance; % co-payment: \_C\_178\_1no\_\_%
- 2  Provincial insurance program; % co-payment: \_\_C\_178\_2no\_ \_\_\_ %
- 3  Social assistance program; % co-payment: \_ C\_178\_3no \_\_ \_\_\_ %
- 4  Disability program; % co-payment: \_ C\_178\_4no \_\_ \_\_\_ %
- 5  Another provincial health program; % co-payment: \_\_ C\_178\_5no \_ \_\_\_ %
- 6  Compassionate funding program; % co-payment: \_\_\_ C\_178\_6no \_\_\_ %
- 7  Self-payment
- 8  Payment from a friend
- 9  Payment from internet crowdfunding
- 10  Another method of payment; specify:\_\_\_ C\_178\_10text \_\_\_\_\_

C\_179. Has the youth been referred for BOTTOM surgery since their last visit?

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

[if C\_179=1] C\_180. Does that youth have a consult book with the surgeon?

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

[if C\_179=1] C\_181. Has the youth had an appointment with the surgeon?

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

[if C\_179=1] C\_182. Were anticipated funding sources for BOTTOM SURGERY discussed at this visit?

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

[if C\_182=1] C\_183. Anticipated funding sources for BOTTOM SURGERY

- 1  Private insurance; % co-payment: \_C\_183\_1no\_\_%
- 2  Provincial insurance program; % co-payment: \_\_ C\_183\_2no \_ \_\_ %
- 3  Social assistance program; % co-payment: \_\_ C\_183\_3no \_ \_\_ %
- 4  Disability program; % co-payment: \_\_\_ C\_183\_4no \_\_\_ %
- 5  Another provincial health program; % co-payment: \_\_ C\_183\_5no \_ \_\_ %
- 6  Compassionate funding program; % co-payment: \_\_\_ C\_183\_6no \_\_\_ %
- 7  Self-payment
- 8  Payment from a friend
- 9  Payment from internet crowdfunding
- 10  Another method of payment; specify:\_\_\_ C\_183\_10text\_\_\_\_\_