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Gender Dysphoria Questionnaire

Name (Last, First, Middle) _____

1) Do you experience an incongruence between gender at birth and gender identity? Yes No

If yes, please describe: _____

2) Do you have a strong desire to be rid of your primary or secondary sexual characteristics because of this incongruence? Yes No

If yes, please explain: _____

3) How strong is your desire to have the sex characteristics of the gender with which you identify?

1 (very low) to 10 (extreme need): _____

Describe: _____

4) How strong is your desire to be a gender that is different from that assigned at birth?

1 (very low) to 10 (extreme need): _____

Please describe: _____

5) Do you have a sense or conviction that you have the typical feelings and reactions of the gender you identify with? Yes No

If yes, please explain: _____

6) How distressed and/or impaired do you feel around your gender in social, school, work, or other areas of life?

1 (very low) to 10 (extreme distress or impairment): _____

Describe: _____

7) Have you ever stopped doing an activity you enjoyed either before or after puberty started? Yes No

If yes, please describe: _____

8) Have you avoided sexual or intimate relationships due to incongruence with gender assigned at birth and your gender identity? Yes No

If yes, please describe: _____

9) Is there any other relevant information you can share to help me understand how you experience gender dysphoria and how it impacts your life? _____

10) At what age did you first start feeling this way? _____

11) Did you, as a child or adolescent, engage in play that was associate with a gender not assigned to you at birth and describe: _____

