

## Gender Questionnaire



**Phoenix Therapeutic**  
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Phoenix ID# (Office use only) \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Childhood Nicknames \_\_\_\_\_

1) What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Intersex

2) What sex is on your birth certificate *now*?

- Male
- Female
- Intersex

3) LGBT identity:

*Do you think of yourself as (please check all that apply):*

- Straight
- Gay or lesbian
- Bisexual
- Transgender, transsexual, or gender non-conforming

*If yes to transgender:*

- Transgender or transsexual, male to female
- Transgender or transsexual, female to male

## Gender Questionnaire

Gender non-conforming

4) Current gender identity

*How do you describe yourself? (check one)*

- Male
- Female
- Cross-dresser
- Transgender, male to female
- Transgender, female to male
- Transgender, gender non-conforming
- Do not identify as female, male, or transgender

***If you answered "cross-dresser", please skip questions 5-9***

5) When I was younger, I was more or less content with my birth-designated gender.

- Yes
- No
- Yes, but not completely

6) There came a time in my life when I began to feel differently.

- Yes
- No
- Yes, but not completely

7) In many ways I am a different person than I was in my birth-designated gender.

- Yes
- No
- Yes, but not completely

8) A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress? *(Mark one answer)*

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

9) A person's mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think people would describe your mannerisms? *(Mark one answer)*

- Very feminine

## Gender Questionnaire

- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine

10) Occupation/Current job \_\_\_\_\_

11) Employer \_\_\_\_\_

12) When you think about your gender and sexuality, describe what help you are seeking from counseling

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13) Describe any problems you are having functioning in your day to day life.

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14) Are you currently having a problem with any of the following?

- Depression or Sadness
- Problems at Work
- Partner Problem
- Anxiety or Fears
- Financial Problems
- Physical or Emotional Abuse
- Family Problems
- Unemployment

15) Have you ever had a problem with the following?

- Alcohol Use
- Drug Use
- Child Abuse
- Violence
- Legal Problem
- Suicidal Thoughts or Behavior
- Depression
- Hearing Voices

## Gender Questionnaire

16) Have you experienced any of the following in the last month?

- Sadness or Emptiness
- Low Energy Level or Lethargic
- Poor Attention or Concentration
- Poor Self-Esteem
- Irritability
- Thoughts About Suicide
- Disturbed Sleep or Insomnia
- Loss of Appetite
- Unable to Experience Pleasure
- Excessive Guilt Feelings
- Hopelessness
- Thoughts that Death is Better than Life

***If you answered "Cross-dresser", please fill out the following:***

17) I am more or less content with my birth-designated gender.

- Yes
- No
- Yes, but not completely

18) When I am *en femme/en homme* I feel quite different most of the time.

- Yes
- No
- Yes, but not completely

19) When I am *en femme/en homme* I experience the world in a different way.

- Yes
- No
- Yes, but not completely

20) When I am *en femme/en homme* I am very aware of taking a different place in the world.

- Yes
- No
- Yes, but not completely