

Transgender Youth Fertility Questionnaire Parent/Guardian Report

Name: _____ Date of birth: _____

MRN: _____ Today's date: _____

Please answer the following questions. Please note: “genetic children” means children made using your eggs or sperm (*these are also sometimes called gametes*).

<p>1. It is important to learn about how taking hormones might change whether my child can have their own genetic children.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>2. I know that taking hormones could make it harder for my child to have their own genetic children.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>
<p>3. How did you learn that taking hormones could make it harder for your child to have their own genetic children? (Check as many as are true)</p> <p><input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> The internet</p> <p><input type="checkbox"/> Other parents</p> <p><input type="checkbox"/> I did not know that taking hormones could make it harder for my child to have their own genetic children before today</p> <p><input type="checkbox"/> Other (<i>fill in the blank</i>): _____</p>	<p>4. I feel I have people to talk to (<i>like my doctor or therapist</i>) about how taking hormones could make it harder for my child's to have their own genetic children.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>
<p>5. I would like to talk to someone about what my child can do to be able to have genetic children if they are taking hormones.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>6. I want my child to have kids someday. (<i>This could be either their own genetic kids or adopted kids</i>)</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>

<p>7. If my child has kids, it is important to me that they are my child's genetic kids.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>8. I am open to my child adopting someday.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>
<p>9. My child's feelings about wanting their own genetic child might change in the future.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>10. I would be angry if the doctor didn't tell me that my child's treatment could make it harder for them to have their own genetic children.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>
<p>11. I know about the ways my child could have genetic children in the future (even if on hormones).</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>12. I would like my child to have their own genetic child someday.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>
<p>13. I would be disappointed or upset if my child could not have their own genetic child.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>14. I want my child to consider medical options that would save their eggs or sperm to be able to have their own genetic children in the future.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>
<p>15. I want my child to save eggs or sperm.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> I don't know</p>	<p>16. Is there anything that would get in the way of your child saving their eggs or sperm? (Check as many as are true)</p> <p><input type="checkbox"/> I don't have enough information to know how to help my child save eggs or sperm</p> <p><input type="checkbox"/> Cost of saving eggs or sperm</p> <p><input type="checkbox"/> Scheduling the appointment could slow down my child starting puberty blockers, hormones or other medical treatments</p> <p><input type="checkbox"/> The procedure of saving eggs or sperm would make my child feel uncomfortable or embarrassed</p> <p><input type="checkbox"/> Something else (please describe):</p> <p>_____</p>