INDIANA UNIVERSITY TRANSGENDER HISTORY INTAKE QUESTIONNAIRE

All information on this form is confidential and will be kept in a private and secure location.

IDENTIFYING INFORMATION

Legal name: _____ Date of birth: _____

Preferred name (*if different than legal name*): _____ Today's date: _____

Are you comfortable being contacted by: ❑ Phone (home) ❑ Phone (work) ❑ Email

Home phone: _____ Is it OK to leave a message at this number? ❑ Yes ❑ No

Work phone: _____ Is it OK to leave a message at this number? ❑ Yes ❑ No

Email: _____

Emergency contact person: _____ Their phone: _____

Please inform staff if your contact information changes.

REASON FOR SEEKING SPEECH SERVICES

Describe concerns relating to speech in order of importance.

	Concern	How long has this been a problem?
1.	_____	_____
2.	_____	_____
3.	_____	_____

Have you tried any treatments for this in the past (on your own or with another professional)? ❑ No ❑ Yes

If yes, please describe when, what you tried, and the results: _____

_____

_____

Have you ever had a hearing test? ❑ No ❑ Yes Date: _____ Result: _____

Does your speech change depending on how much you use your voice? How?: _____

_____

Does your voice change when you are under stress? How? _____

_____

MEDICAL HISTORY

Current medication (name + dose): _____
include herbs/supplements

_____

Allergies: _____

Surgeries, serious illnesses, injuries, and hospitalizations: Date:

1. _____ _____
2. _____ _____
3. _____ _____

Please check if you have ever had:

- ❑ Allergies
- ❑ Asthma
- ❑ Chronic congested nose
- ❑ Chronic cough
- ❑ Chronic headaches
- ❑ Chronic heartburn/acid reflux
- ❑ Chronic runny nose
- ❑ Chronic sore throat
- ❑ Difficulty breathing
- ❑ Difficulty swallowing
- ❑ Ear infections
- ❑ Frequent need to clear throat
- ❑ Hearing loss
- ❑ Hoarseness
- ❑ Loss of voice
- ❑ Pain in ears
- ❑ Pain in jaw
- ❑ Ringing in the ears
- ❑ Sensation of lump in throat
- ❑ Sinus problems
- ❑ Sleep apnea

Have any individuals in your family had serious illnesses or speech/hearing problems? Describe:

_____

_____

OTHER FACTORS THAT MAY AFFECT VOICE

Daily intake of water and other non-caffeinated, non-alcoholic drinks (e.g., milk, juice): _____

		Approx. start	Approx. end		Current daily consumption
Caffeine *(coffee, tea, soft drinks, chocolate)*	❑ Past	_____	_____	❑ Current	_____
Alcohol	❑ Past	_____	_____	❑ Current	_____
Smoking					
• Tobacco	❑ Past	_____	_____	❑ Current	_____
• Marijuana	❑ Past	_____	_____	❑ Current	_____
• Crack/Cocaine	❑ Past	_____	_____	❑ Current	_____
• Amphetamines	❑ Past	_____	_____	❑ Current	_____
• Other	❑ Past	_____	_____	❑ Current	_____

All information on this form, including answers in this section, is confidential. We do not discriminate on the basis of past or present drug use.

Do you use your voice in your work? Describe: _____

_____

Do you use your voice for recreation (singing, acting, etc.)? Describe: _____

_____

OTHER HEALTH PROFESSIONALS INVOLVED IN CARE

To assist in coordination of care, it is helpful to know about other health professionals you are seeing. ***Other care providers will not be contacted without your permission***, unless there is a medical emergency.

Name of primary care provider (GP, nurse, etc.): _____

Phone: _____

Other care providers (specialists, counsellors, etc.)

	Name	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other: _____

OTHER RELEVANT INFORMATION

If there is additional information you would like us to know, please write in the space below:

If you have any questions or concerns, please let us know.

adapted from intake forms used by several programs reviewed for the Trans Care Project

TRANSGENDER SELF-EVALUATION QUESTIONNAIRE

How do you rate your voice? (overall)

Currently my voice is:

- O Very female
- O Somewhat female
- O Gender neutral
- O Somewhat male
- O Very male

My ideal voice would sound:

- O Very female
- O Somewhat female
- O Gender neutral
- O Somewhat male
- O Very male

RATING SCALE

1 = never
2 = almost never
3 = sometimes
4 = almost always
5 = always

How often do you experience the following?

				1	2	3	4	5	
F	1	People have difficulty hearing me in a noisy room.	never	O	O	O	O	O	always
P	2	I have trouble finding a vocal range that feels authentic to me.	never	O	O	O	O	O	always
E	3	My voice makes me feel less feminine(MTF)/masculine(FTM).	never	O	O	O	O	O	always
F	4	I feel the pitch range of my voice is restricted.	never	O	O	O	O	O	always
P	5	The sound of my voice varies throughout the day.	never	O	O	O	O	O	always
F	6	I feel my voice gets in the way of me living as a woman(MTF)/ man(FTM).	never	O	O	O	O	O	always
F	7	I use the phone less often than I would like.	never	O	O	O	O	O	always
E	8	I'm tense when talking with others because of my voice.	never	O	O	O	O	O	always
E	9	I tend to avoid groups of people because of my voice.	never	O	O	O	O	O	always
E	10	People seem irritated with my voice.	never	O	O	O	O	O	always
P	11	People ask, "What's wrong with your voice?"	never	O	O	O	O	O	always
F	12	I speak with friends, neighbours and relatives less often because of my voice.	never	O	O	O	O	O	always
F	13	I avoid speaking in public because of my voice.	never	O	O	O	O	O	always
P	14	I feel my voice sounds artificial to others.	never	O	O	O	O	O	always
P	15	I have to strain to make my voice sound like I want it to.	never	O	O	O	O	O	always
E	16	I feel frustrated with trying to change my voice.	never	O	O	O	O	O	always
F	17	My voice difficulties restrict my personal and social life.	never	O	O	O	O	O	always
P	18	The pitch of my voice is unreliable.	never	O	O	O	O	O	always
P	19	When I laugh, cough or sneeze, I sound like a man(MTF)/ woman(FTM).	never	O	O	O	O	O	always
F	20	I feel my voice doesn't match my physical appearance.	never	O	O	O	O	O	always
P	21	I use a great deal of effort to speak.	never	O	O	O	O	O	always
P	22	My voice is worse in the evening.	never	O	O	O	O	O	always
F	23	My voice causes me to lose income.	never	O	O	O	O	O	always
E	24	I don't feel my voice reflects the "true me".	never	O	O	O	O	O	always
E	25	I am less outgoing because of my voice.	never	O	O	O	O	O	always
E	26	I feel self-conscious about how strangers perceive my voice.	never	O	O	O	O	O	always
P	27	My voice "gives out" in the middle of speaking.	never	O	O	O	O	O	always
E	28	I find it upsetting when I'm perceived as a man(MTF)/ woman(FTM) on the phone.	never	O	O	O	O	O	always
E	29	I am envious of other women(MTF)/men(FTM) who have more feminine(MTF)/masculine(FTM) voices than mine.	never	O	O	O	O	O	always
E	30	My voice embarrasses me.	never	O	O	O	O	O	always