

**Supplemental Digital Content 1.**

This survey is intended to assess your perceptions of facial femininity and the outcomes of your facial feminization procedure with the goal of improving facial feminization surgery in the future. We would like to know the experiences of our patients and your honesty is invaluable in this process. We appreciate your time and input as we try to improve our services.

**Directions:** Please check the appropriate boxes. If you answer “other” to any of the following questions, **please provide details.**

**Be as specific as possible.** If you cannot remember or feel uncomfortable with any question please draw a line through the question.

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## Section I: Femininity and Facial Feminization Surgery

1. I like the appearance of my face.

- Not at all [0]
- Somewhat [1]
- Moderately [2]
- Very Much [3]
- Completely [4]
- I Don't Know/Other [5]

2. The appearance of my face is feminine.

- Not at all [0]
- Somewhat [1]
- Moderately [2]
- Very Much [3]
- Completely [4]
- I Don't Know/Other [5]

3. The aspect of my face that I perceive most feminine is:

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4. The aspect of my face that I perceive most masculine is:

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## Section I: Femininity and Facial Feminization Surgery

5. My friends and loved ones perceive my face as feminine.

- Not at all [0]
- Somewhat [1]
- Moderately [2]
- Very Much [3]
- Completely [4]
- I Don't Know/Other [5]

6. The aspect of my face that others perceive most feminine is:

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7. The aspect of my face that others perceive most masculine is:

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## Section I: Femininity and Facial Feminization Surgery

8. My current facial appearance limits my social activities.
- Never [4]
  - Rarely [3]
  - Sometimes [2]
  - Usually [1]
  - Always [0]
  - I Don't Know/Other [5]
9. My current facial appearance limits my professional activities.
- Never [4]
  - Rarely [3]
  - Sometimes [2]
  - Usually [1]
  - Always [0]
  - I Don't Know/Other [5]
10. In public I am confident my facial appearance is perceived as feminine.
- Not at all [0]
  - Somewhat [1]
  - Moderately [2]
  - Very Much [3]
  - Completely [4]
  - I Don't Know/Other [5]
11. I would like to alter the appearance of my face.
- Not at all [4]
  - Probably Not [3]

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**Section I: Femininity and Facial Feminization Surgery**

- Possibly [2]
- Most Likely [1]
- Definitely [0]
- I Don't Know/Other [5]

12. Facial feminization surgery is/was important to my ability to live as a woman.

- Not at all [0]
- Somewhat [1]
- Moderately [2]
- Very Much [3]
- Completely [4]
- I Don't Know/Other [5]

13. Body/genital surgery is/was important to my ability to live as a woman.

- Not at all [0]
- Somewhat [1]
- Moderately [2]
- Very Much [3]
- Completely [4]
- I Don't Know/Other [5]

14. What aspect of your face do you wish to alter?

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## Section I: Femininity and Facial Feminization Surgery

15. What surgical procedures are you interested in having?

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16. Are you satisfied with the outcome of your facial feminization surgery?

- Not at all [0]
- Somewhat [1]
- Moderately [2]
- Very Much [3]
- Completely [4]
- I Don't Know/Other/None [5]

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## Section II: Demographics

1. Age

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2. Gender

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3. Highest level of education completed

None [1]

Elementary [2]

Middle School [3]

High School [4]

Two-year college [5]

Four-year university [6]

Graduate/Professional school [7]

Other [8]

4. Have you used tobacco?

Yes [Go to Question 5] [1]

No [Go to Question 7] [2]

I Don't Know/Other [3]

5. If so, for how long?

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6. Have you used tobacco in the last week?  Yes [1]

No [2]

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## Section II: Demographics

I Don't Know/Other [3]

7. What best describes your current job  
(work) situation?

Employed full-time [1]

Employed part-time [2]

Not working – looking for work [3]

Not working – student/homemaker/other [4]

Not working – not looking for work [5]

Retired [6]

Other [7] \_\_\_\_\_

8. When did you begin your transition?

< 1 year ago [1]

1-5 years ago [2]

6-10 years ago [3]

> 10 years ago [4]

I Don't Know/Other [5]

9. Have you taken hormones?

Yes (Go to Question 10) [1]

No (Go to Question 12) [2]

I Don't Know/Other [3]

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## Section II: Demographics

10. Are you currently taking hormones?
- Yes [1]
  - No [2]
  - I Don't Know/Other [3]
11. How did you pay for your hormones?
- Paid for by insurance [1]
  - Paid for out of pocket from physician [2]
  - Paid for out of pocket from other provider [3] \_\_\_\_\_
  - Other [4] \_\_\_\_\_
12. Have you previously had facial feminization surgery?
- Yes (Go to Question 13) [1]
  - No (Go to Question 14) [2]
  - I Don't Know/Other [3]
13. Which procedures have you had?  
Please indicate the year you had the procedure also.
- Browlift [1]
  - Scalp advancement [2]
  - Reduction of supraorbital ridge [3]
  - Rhinoplasty [4]
  - Blepharoplasty [5]
  - Bilateral maxillary osteotomies [6]
  - Chin reduction [7]
  - Mandible surgery [8]

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## Section II: Demographics

Thyroid cartilage reduction [9]

Lip lift [10]

Fat grafting [11]

Facial implants [12]

Other [13]\_\_\_\_\_

I Don't Know [14]

14. Have you previously had any  
feminizing body surgery?

Yes (Go to Question 16) [1]

No (Go to Question 17) [2]

I Don't Know/Other [3]

15. Which procedures have you had?  
Please indicate the year you had the  
procedure also.

Chest augmentation [1]

Penectomy [2]

Orchiectomy [3]

Vaginoplasty [4]

Labiaplasty [5]

Clitoroplasty [6]

Other [7]\_\_\_\_\_

I Don't Know [8]

16. How have you paid for your surgical  
procedures as part of your transition?

Paid for by insurance [1]

Paid for out of pocket [2]

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**Section II: Demographics**

Other [3] \_\_\_\_\_

Additional Comments:

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