

**Survey of the trans population**  
**in Calderdale**

**March 2009**

**Thanks go to everyone – individuals and services – who  
contributed to the research in this report.**

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## **1. Context**

In April 2008 the Health and Scrutiny Panel for Calderdale Council produced a report on ‘Services for people with gender dysphoria’<sup>5</sup>. Amongst other issues, the report identified a lack of information regarding the number of people with gender dysphoria in Calderdale. It was recommended that a survey be conducted to identify both the number of people with gender dysphoria and also their current status and stage in the pathway of care available through NHS Calderdale. The Department of Health also stress the importance of “*mapping needs and consulting with [trans] communities*”<sup>1</sup>.

NHS Calderdale has undertaken the current survey in response to the Scrutiny Panel’s report as well as to help inform and improve the services provided to trans individuals in Calderdale.

Calderdale is a local authority area in West Yorkshire that includes the towns of Halifax, Hebden Bridge, Sowerby Bridge, Brighouse, Elland and Todmorden. The population is approximately 200,000 and the Council and PCT boundaries are coterminous.

## **2. Objectives**

- To quantify the size of the GD community in Calderdale
- To assess their current trans-related health status
- To assess their potential trans-related health needs in the future
- To explore patient perceptions of the GD services currently available
- To inform the development and commissioning of GD services in Calderdale

### **3. Definitions and terminology**

The terms gender dysphoria (or gender variance ) and trans tend to be used interchangeably. The Department of Health define trans as “*as an umbrella term for all people who cross gender boundaries*”<sup>1</sup>.

For the purposes of this report the term trans is predominantly used and includes those individuals who consider the physical body they were born with to not be consistent with their natural gender. This definition excludes transvestites who may choose to cross-dress but are fundamentally comfortable in their gender and physical body. This definition is considered appropriate for the specific objectives of this survey which relate specifically to those individuals who either currently are accessing or may in the future access the gender dysphoria care pathway to some degree.

Regardless of these distinctions, it is recognised though that gender dysphoria is a broad area in which people will define themselves in different ways.

Trans-man is used when referring to any individual that considers their true gender to be male and trans-woman where they consider it to be female, regardless of the stage of their transition.

‘Trans related health services’ is used throughout the report to refer to those services that are accessed by trans individuals specifically in relation to their transition, as opposed to their routine, day-to-day healthcare which is not within the scope of this report.

## **4. Introduction**

### **4.1. Prevalence**

There are no accurate and agreed upon estimates of the number of trans people in the UK or within any particular region. Estimates typically range between 1 in 11,500<sup>2</sup> and 1 in 4000<sup>1</sup> which equates to between 17 and 50 individuals in Calderdale.

It is claimed that there is strong evidence that the trans population is growing rapidly year-on-year<sup>3</sup>, though it is not clear whether this is firstly accurate, and secondly due to a genuine increase in the number of trans people or alternatively an increase in the proportion seeking medical support.

Estimates of the ratio of trans-women to trans-men tend to either be 3:1<sup>3</sup> or 4:1<sup>4</sup>.

### **4.2. Experience of health services**

It is generally acknowledged that both healthcare professionals and organisations, locally<sup>5</sup> and nationally<sup>1, 6</sup>, have improved and are continuing to improve, the quality of their services for trans people in recent years.

Nevertheless, it is also generally accepted that many trans people face a wide range of issues in accessing appropriate healthcare.

Issues with health services tend to fall into three broad areas:

- initial point of contact e.g. General Practitioners (GPs);
- progression through specialist services; and
- subsequent contact with health services post-transition.

Research has identified problems with GPs being reluctant or unhelpful when initially approached by trans individuals, or in a small number of cases refusing to help<sup>6,7</sup>. In a recent survey of patient satisfaction<sup>4</sup>, two thirds of patients felt that their GP had addressed their needs but only 12-15% felt that the GP was knowledgeable about and able to explain the range of treatment options available.

Much of the dissatisfaction with health services relates to issues with waiting times, funding, lack of choice, and bureaucracy in accessing assessment and treatment, generally through the specialist Gender Identity Clinics (GICs)<sup>1,3-7</sup>.

As a consequence of the attitudes and reactions of health professionals trans individuals are vulnerable to discrimination and inappropriate routine healthcare<sup>3,6,7</sup>. This issue though is outside the scope of the current survey.

#### **4.3. Health of trans individuals**

The discrimination and prejudice experienced by many trans individuals throughout many aspects of their lives, as well as in their experiences with health services, has been recognised as having a potentially detrimental effect on their health and well-being<sup>7</sup>. Particular issues that have been highlighted are the potential to be the victims of violence, self-harm and suicide, and concerns relating to young people such as high rates of substance abuse and high risk sexual behaviours.

## **5. How the information was collected**

A combination of methods were used to collect the data for this survey. Separate questionnaires were used to request information both from trans individuals in Calderdale themselves and also from trans-related health services.

The questionnaire for trans individuals (see Appendix 1) was designed specifically for this survey in consultation with members of the trans community. It was available online as a web survey and also to download for approximately two and a half months to ensure adequate time for people to access it. The survey was promoted through key trans websites, trans health services, local relevant networks and contacts and disseminated through the population via email.

As part of the individual questionnaire, respondents were asked to provide their contact details if they were prepared to be interviewed. Telephone interviews were held with five trans individuals to elaborate on the data that had already been collected and to further explore some of the themes arising from the analysis of the data.

Data was also requested from trans-related health services (see Appendix 2), both private and NHS, that it was thought individuals from Calderdale may access. Individual contact was made with each service to discuss the survey before the proforma was sent.

## **6. Findings**

### **6.1. Prevalence**

38 trans individuals from Calderdale were identified through the survey. Only two individuals had not accessed any known trans health service (private or NHS) in the last 5 years, one due to being post surgery and the other due to being pre-transition.

This is the best estimate of the trans population of Calderdale that are currently accessing, or have recently accessed, trans related health services either through the NHS or privately. As only one person that was post-transition and living in 'stealth' was identified, the study cannot be considered an accurate estimate of trans people that may be living in Calderdale post-transition. Equally, due to only identifying one trans person yet to access services it cannot be considered as an accurate estimate of trans people that may be living in Calderdale but are yet to access services.

These results equate to approximately 1 in 5000 of the population currently accessing or having recently accessed trans services. This estimate is towards the higher end of the range of previous estimates of prevalence. The ratio of trans-women to trans-men was exactly 4:1 which is consistent with previous studies.

The findings provide no means of determining the number of those finished with, or yet to access treatment.

## **6.2. Local trends in prevalence**

Due to this survey being a cross-sectional study it is not possible to accurately determine trends in the number of trans individuals in Calderdale, however it was discussed anecdotally in the telephone interviews.

The unanimous opinion among respondents was that there hadn't been any increase in the number of trans people, but rather an increase in the number that were choosing to do something about it. This was considered to be due to changes in equality legislation, attitudes within the medical profession and a shift generally in society's acceptance of trans people that had made it 'easier to come out'. Respondents all thought that there were still very significant numbers of people that were 'latently' trans but not choosing or feeling able to do anything about it.

While there was not felt to be a particular trend for trans people to move into or out of Calderdale, the area was considered to be an appealing place to live and therefore one that trans (and other) people would choose to live. Calderdale was described as being 'increasingly cosmopolitan' and as a 'nice and humane' place to live.

## **6.3. Is there such a thing as a 'trans community'?**

While respondents felt strongly that current estimates of the number of trans people were too low, they only tended to actually know of 3 – 10 other trans people in the area.

The most common feeling amongst respondents was that most trans people avoided being part of a 'trans community', preferring to simply 'pass' and 'get on with their lives'. People referred to a 'trans network', but said that even then a lot

of people would not be linked into it. For example one interviewee expressed the goal of the transsexual person as being “*to vanish...they don't want social markers*”.

On the other hand there is also ‘Trans Yorkshire’, an informal local advocacy group with approximately 10 local members that actively works to address trans issues in Calderdale.

Department of Health and NHS reports<sup>1,4,8</sup> regarding the issue of trans tend to only include passing references to there being a trans community. Other studies however are more firmly based on the assumption of a coherent ‘community existing<sup>3,6</sup> or “*many small sub-communities*”<sup>6</sup>.

#### **6.4. Stage of transition**

It was only possible to determine the exact stage of an individual’s transition for those 13 that responded to the individual questionnaire:

Trans but undecided regarding exact status	- 1
Pre-surgery, living in acquired gender part-time	- 3
Pre-surgery, living in acquired gender full-time	- 4
Post-surgery (GRS)	- 5

All but two of the respondents had either undergone gender reassignment surgery (GRS) or expressed the intention to do so. It is not possible to determine though whether this is representative of all trans people accessing treatment or the wider trans population. In addition to GRS, there was a wide range of surgical procedures that respondents had both undergone and were intending to undergo. These are addressed below under ‘future health requirements’ (section 6.6).

## **6.5. Current health needs**

Approximately a third of the respondents to the questionnaire considered that their health needs were currently being met, with two thirds feeling their needs were not being met.

The main issues that people had were either to do with accessing services or related to the quality of service they were receiving. There was frustration with the perceived bureaucracy and also the excessive time involved in accessing services. There was some mention of a lack of understanding from doctors, but also acknowledgement that good intentions were being shown by health professionals. Health professionals being more educated and understanding about trans issues and also GPs, GICs and other specialists working in a more coherent and joined-up manner were considered key factors in improving services for trans people.

Problems accessing hormone treatment due to inconsistency between health professionals as to whether they could be provided and also having to pay for them themselves was a particular issue. A significant concern for a third of the respondents (half of post-GRS respondents) was a perceived lack of post-operative (GRS) hormone monitoring and the potential implications for their physical health.

One of the responses from a service provider recommended that the current pathway should incorporate a nominated care coordinator to case manage, and communicate between, the client and services and also that services involve users more thoroughly in the evaluation of their service. They also felt strongly that there was a need for a specific pathway for trans young people.

## **6.6. Future health requirements**

Respondents identified a number of surgical procedures that they intended or hoped to access through the NHS. The most common procedures were GRS and breast surgery. Cryothyroid reduction and restoration of hairline were also mentioned.

Procedures or services that respondents felt were an important part of their transition and should therefore be provided through the NHS were:

- Speech therapy
- Facial surgery
- Facial hair removal
- Reduction of adam's apple (tracheal shave)
- Tattoo removal

Additional factors identified as issues during transition and therefore potentially areas where support would be required were self-esteem/confidence building, and make-up/posture/deportment.

One respondent expressed their intention to undertake GRS and facial surgery (hair transplant, brow and nose reduction, adams apple shaving, improve skin) privately.

## **6.7. Satisfaction with services**

Although a third of respondents did feel that their health needs were being met, there was also a significant degree of frustration and resentment at the services they had received, particularly from NHS services. It is worth noting though that much of the problems with NHS services had occurred over the last 10 years and do not necessary reflect current satisfaction levels of NHS services.

A notable characteristic of the respondents that had previously or were currently accessing any form of trans related service was the mix of private and NHS services they had used. Of the 12 respondents that had accessed services, one had only accessed private services, four had only accessed NHS services, whereas seven had accessed a mix of private and NHS services. This generally was due to individuals resorting to accessing private services at their own cost due to frustration with the services they were receiving through the NHS. Of those that had only accessed NHS services, three of the four were at a relatively early stage of the pathway and in two cases expressed concerns about the bureaucracy and timescales they were encountering.

This “*movement back and forth between the NHS and the private sector which is not seen in any other service*” has been identified previously in an NHS survey of patient satisfaction with transgender services<sup>4</sup>.

## 6.8. Level of service access

Below is an indication of the number of people accessing the different trans services, though as already noted, some people will access more than one service.

### NHS services

- Leeds GIC
  - Waiting to be seen - 1
  - Currently being treated - 10
  - Discharged/left since 2005 - 11
  - Total - 22
  
- Sheffield GIC (Porterbrook Clinic)
  - Currently being treated - 1
  - Discharged/left since 2005 - 1
  - Total - 2
  
- Charing Cross GIC - 1
  
- Calderdale and Huddersfield NHS Foundation Trust Psychosexual Counselling
  - Waiting to be seen - 4
  - Currently being treated - 1
  - Discharged/left since 2005 - 5
  - Total - 10

### Private services

- Currently being treated - 8

## **7. Limitations of the study**

Due to the methodology used in this research there are a number of limitations to the findings. Firstly, as a result of the research being conducted entirely within Calderdale the findings cannot be considered as representative beyond Calderdale. Secondly, due to being a cross-sectional study the quantitative data does not give any indication of trends over time in the number of trans people accessing services. This survey was not able to look at the distribution of where trans people live within Calderdale.

The finding regarding the absence of a coherent and joined-up 'trans community' means the individual questionnaires are likely to have not reached all trans individuals in Calderdale. An underlying assumption of the methodology was the existence of a relatively well-connected (even if only loosely) 'trans community'. The fact that this is not necessarily the case, as well as all but one of the individuals identified currently or very recently having accessed services suggests that the study did not manage to reach trans people that have not yet accessed services or potentially that completed their transition more than a few years ago.

## **8. Proposed commissioning policy**

The Yorkshire and the Humber Specialised Commissioning Group (SCG) are currently reviewing the commissioning arrangements for gender dysphoria services for all PCTs in the Yorkshire and the Humber SCG area. At the time of writing, the SCG policy is only in draft form. The draft policy proposes 'core' procedures that will be routinely commissioned for patients meeting the necessary criteria and 'non-core' procedures that will not be routinely commissioned and which individual PCTs may decide to commission locally.

In relation to the procedures/services that respondents identified in the survey (section 6.6), the surgical procedures included as core are GRS and breast surgery. In addition voice skills therapy and support and advice on style are considered core non-surgical interventions.

The main procedures/services identified in the survey (section 6.6) that are not proposed as core are facial surgery, hairline restoration, cryothyroid reduction, tattoo removal and tracheal shave (adams apple reduction). The PCT is currently in discussion with the SCG about the policy including issues such as the status of hair removal other than for donor sites which is currently not proposed as a core procedure.

## **9. Implications for NHS**

It is firstly worth noting that the research overall has been very well received by the trans population, all contact with local trans individuals and services has been positive and there has been no negative feedback about the process. The study does however identify a number of issues that have implications for the PCT and NHS generally in ensuring that it continues to improve the services available to trans people.

The absence of a joined-up 'trans community' potentially poses a challenge to the PCT and other organisations of how they engage with the trans population. One solution may be to use the trans health services as a means of accessing individuals rather than relying on information or consultations being widely distributed through informal networks.

As stated previously the estimate of 1 in 5000 can only be considered a relatively accurate estimate of the trans population in Calderdale that are either currently or

have recently accessed trans health services. While it is not possible to precisely determine a trend over time in the number of trans people seeking access to services, it appears likely that the number is increasing and will continue to increase. The shift towards greater societal tolerance and more supportive legislation that has led to more trans people feeling able to seek services is likely to continue, which along with trans people being more 'visible' and improvements in the quality of trans services are all likely to lead to an upward trend in the number of trans people requesting NHS trans health services.

A significant, and potentially unique, issue for the NHS in relation to trans-health is the high level of movement between private and NHS services. It is necessary for the NHS to be clear within their policies and pathways as to the implications of such circumstances. It is likely to be necessary to differentiate between people seeking private care that is normally available through the NHS but which individuals feel necessary to seek privately, and 'non-core' procedures that are not available through the NHS but which individuals still want to pursue privately.

The draft SCG policy on gender dysphoria specifically states that it, "*does not address GD services for children and adolescents, as these conditions are different from those seen in adults*"<sup>9</sup>. The survey identified five trans people in Calderdale aged 19 or younger. There is no reason to think that the same factors that are potentially causing an increase in adult trans people coming forward for services will not also result in more children and adolescents doing so. Therefore, as highlighted by one of the services surveyed, there is an implication for the NHS of how to manage this development.

## **10. Recommendations**

For the PCT to:

- Develop monitoring systems and appropriate data-sharing agreements with the relevant trans-health services to be able to monitor the numbers of people being referred to services, on waiting lists, being treated, and having been discharged. This would provide accurate data on resource use as well as trend data over time that is vital in commissioning and contract managing appropriate services.
- Review methods used to communicate with the trans population of Calderdale to ensure that information is able to reach trans individuals without relying on a connected 'trans community'.
- Engage with GPs, as key 'gatekeepers' to services, to ensure they are aware of the ongoing developments of the SCG policy on GD services due to its local relevance.
- Explore opportunities to develop GPs and other primary (and secondary) care staffs' knowledge and understanding about trans health issues and services.
- Ensure that the quality of service received by individuals is not adversely affected by poor communication and inconsistency between different healthcare professionals involved in the care pathway.

For the Yorkshire and the Humber SCG to:

- develop a policy and care pathway for the management of trans children and adolescents that includes Calderdale.

## **References**

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3. Whittle, S., Turner, L., Combs, R. and Rhodes, S. (2008) **Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care**. Berlin, Germany, Transgender Europe.
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6. Whittle S., Turner, L., Al-Alami, M. (2007) **Engendered Penalties: Transgender and Transexual People's Experiences of Inequality and Discrimination**. Communities and Local Government publications.
7. Department of Health (2007) **Trans people's health**. London, COI.
8. NHS (2008) **Guidance for GPs, other clinicians and health professionals on the care of gender variant people**. London, COI.
9. Yorkshire and the Humber Specialised Commissioning Group (2008) **Draft policy on the provision of gender dysphoria services**.

## **Abbreviations**

GD	-	gender dysphoria
GIC	-	Gender Identity Clinic
GP	-	General Practitioner
GRS	-	gender reassignment surgery
PCT	-	Primary Care Trust
SCG	-	Specialised Commissioning Group

## **Appendices**

1 – Questionnaire for trans individuals

2 – Proforma for services

## Appendix 1.

# Survey of the trans population in Calderdale

NHS Calderdale is conducting a survey into gender dysphoria or the trans population in Calderdale. In order for the results to be accurate and representative of the whole trans population of Calderdale, it is hoped that as many as possible of the trans people living in Calderdale will complete a questionnaire with as much information as they are happy to give.

Any information you provide will be treated confidentially. If you have any questions at all about the survey please contact Tim Fielding on [tim.fielding@calderdale-pct.nhs.uk](mailto:tim.fielding@calderdale-pct.nhs.uk), tel. 01422 281 800.

Please can any questionnaires be **returned by Friday 6th February 2009** at the latest. Responses after this date will not be able to be included in the survey.

### 1. Are you trans and living in Calderdale?

Yes  No  (please tick)

If '**Yes**' -Please can you complete as much of the questionnaire as you are happy to and return to the address at the end.

If '**No**' - Thank you but this survey is specifically aimed at the trans population in Calderdale and therefore we don't require you to continue.

### 2. Are you a: (please tick)

- trans-man** (female to male)
  - trans-woman** (male to female)
  - Other**  (please comment below)
- 

### 3. How far through your transition are you currently? (e.g. living in acquired gender part of the time, under-going hormone therapy, post surgery etc.)

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**4. What trans health services have you accessed for assessment/consultation/psychological therapy/hormone treatment etc (NOT surgery, see questions 5 & 6)?**

(please tick to show any services you have accessed and whether you are currently accessing them or how long ago you finished)

**a) NHS services:**

	Currently	Finished in last 1-2 yrs	Finished 2+ yrs ago
Leeds Gender Identity Clinic (GIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheffield Gender Identity Clinic (GIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**b) Private psychiatric services:**

	Currently	Finished in last 1-2 yrs	Finished 2+ yrs ago
1. (please state which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. (please state which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**c) Do you have any comments regarding the services you have or are accessing?**

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**5. a) Have you had any trans-related surgery?**

Yes  No  (please tick)

**b) If 'Yes', please give details**

i) Type of surgery? \_\_\_\_\_  
NHS or Private? \_\_\_\_\_  
Date of surgery? (month/year) \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

ii) Type of surgery? \_\_\_\_\_  
NHS or Private? \_\_\_\_\_  
Date of surgery? (month/year) \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

**c) If 'No'**

Comments - \_\_\_\_\_

**6. a) Do you have any intention of having any surgery in the future?**

Yes  No  Not sure yet  (please tick)

**b) If 'Yes', please give details**

i) Type of surgery? \_\_\_\_\_  
NHS or Private? \_\_\_\_\_  
Date of surgery? (month/year) \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

ii) Type of surgery? \_\_\_\_\_  
NHS or Private? \_\_\_\_\_  
Date of surgery? (month/year) \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

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**c) If 'No'**

Comments - \_\_\_\_\_

**7. a) Do you feel that currently your trans-related health needs are being met?**

Yes  No  (please tick)

**b) If 'No', why not?**

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**8. What trans-related support/services do you feel you need now or are likely to need in the foreseeable future?**

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The following questions (9 and 10) are requested because one of the main purposes of the survey is to identify the size of the trans population in Calderdale. Therefore these personal details:

- **Will be** used to cross-reference with postcodes/dates of birth from the Leeds and Sheffield Gender Identity Clinics (GICs) to make sure that we are not counting people twice.
- **Will be** used to see which electoral wards trans people live in.
- **Will be** used to see what age trans people are.
- **Will be** destroyed as soon as this survey is completed.
- **Will Not be** shared with anyone else.
- **Will Not be** used to identify anyone's name.

**Please tick this box if you are happy for your details to be used in this way**

**9. What is your postcode?**

\_\_\_\_\_

**10. What is your month/year of birth?**

Month \_\_\_\_\_ Year \_\_\_\_\_

**Thank you for your time in completing this questionnaire.**

**Would you be prepared to be contacted to take part in either a short telephone interview or short face-to-face interview about your trans-related health needs as part of this survey?**

If so please can you provide your contact details:

**Name -** \_\_\_\_\_

**Tel. -** \_\_\_\_\_

**Email -** \_\_\_\_\_

Are there any ways in which you would prefer to be contacted or not contacted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(This information will only be used to contact you to discuss taking part in an interview and will be destroyed after the survey has been completed.)

**Please return this questionnaire by Friday 6<sup>th</sup> February 2009 to:**

**Public Health – Survey  
Freepost RLTG-HYAB-BHXZ  
Calderdale PCT  
4<sup>th</sup> Floor, F Mill**

**Or email to:**

**Tim.fielding@calderdale-pct.nhs.uk**

## **Appendix 2.**

### **NHS Calderdale – Trans Survey** **Data from health services**

NHS Calderdale is conducting a survey of the gender dysphoria (GD)/trans population in Calderdale in order:

- To quantify the size of the trans/GD community in Calderdale
- To assess their current trans-related health status
- To assess their potential trans-related health needs in the future
- To explore patient perceptions of the trans/GD services currently available
- To inform the development and commissioning of trans/GD services in Calderdale

As well as surveying trans individuals themselves we are also requesting information from trans/GD health services to ensure that the survey is as accurate as possible.

The key identifiable information requested (postcode/date of birth) is required to cross-reference with other data and avoid double-counting of individuals. It will not be used to identify any individuals and will be destroyed once the survey has been completed. Every effort will be taken to ensure the confidentiality of the individuals concerned.

If you have any questions at all about the survey or information requested please contact Tim Fielding, Specialty Registrar in Public Health, Calderdale PCT, [tim.fielding@calderdale-pct.nhs.uk](mailto:tim.fielding@calderdale-pct.nhs.uk).

Please can you complete the following information and return to Tim Fielding ([tim.fielding@calderdale-pct.nhs.uk](mailto:tim.fielding@calderdale-pct.nhs.uk)) by Friday 20 February 2009.

#### **1. Name of service**

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#### **2. Range of trans health services provided**

- -
- -
- -
- -
- -

**3. Patients from Calderdale currently being treated:**

	<b>Trans man (f-m)</b>	<b>Trans woman (m-f)</b>	<b>Unknown/not disclosed</b>	<b>Postcode</b>	<b>Month/Year of birth</b>
	<b>(Please tick one)</b>				
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

**4. Patients from Calderdale on your waiting list:**

	<b>Trans man (f-m)</b>	<b>Trans woman (m-f)</b>	<b>Unknown/not disclosed</b>	<b>Postcode</b>	<b>Month/Year of birth</b>
	<b>(Please tick one)</b>				
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

**5. Patients from Calderdale that have completed treatment (or voluntarily left) since Jan 2005 (or if not then from 2007):**

	<b>Trans man (f-m)</b>	<b>Trans woman (m-f)</b>	<b>Unknown/ not disclosed</b>	<b>Postcode</b>	<b>Month/Year of birth</b>	<b>Month/Year discharged/ left service</b>
	<b>(Please tick one)</b>					
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

**6. Please comment if you have any comments regarding:**

- **Identifying the size of the trans population:**

- **Trans health needs:**

- **The provision of trans health services:**

**Thank you for help with this survey**