

Information Form and Semi-Structured Interview Form

INFORMATION FORM

Patient's Name and Surname:

Diagnosis:

1. Demographic Characteristics (Age, gender, marital status, belief, education, place of residence, occupation)
2. How many children do you have? How many of these children have disorder of sexual development (gender and age)?
3. What is your child's exact diagnosis? How old was he/she diagnosed? Has he/she had surgery? If so, at what age and what surgery?
4. Does he/she take any medication?

SEMI-STRUCTURED INTERVIEW FORM

1. How much do you know about your child's condition/disease, can you summarize it in a few sentences? Where did you get this information (internet, doctor, etc.)?
2. How did you realize that your child has a disorder of sexual development? What kind of complaints did you initially present to the hospital?
3. What were your thoughts and feelings when you were first told about your child's condition? How did it affect your family?
4. How were you informed by the doctors during your child's diagnosis? Do you think the information was sufficient? What would you have liked to learn?
5. Did you experience any difficulties during this process? What were the most challenging things for you? What could have been done to facilitate the difficulties you experienced during the diagnosis and the following process?
6. Has anything else about your child's development ever worried you? If so, can you tell us about them?
7. Have you shared your child's diagnosis with people around you?
 - a. If so, with whom? How did they react?
 - b. If not, why not?
8. Who supported you in this process?
9. Is your child at peace with his/her sexual identity now? Why do you think so? How do you understand?
10. If your child had surgery, how did the result of the surgery make you feel? What did you consider when making a choice about surgery?
 - a. Are you satisfied with the result of the surgery? Are you compatible with the child's sexual identity?