# MindBodySoul Transgender Hormone Self-Assessment Quiz

Take the Quiz and See If Long-Term Hormone Therapy is Right for You!

## ☑ Consent to Contact

I authorize MindBodySoul to contact me via:

☐ Phone Call  ☐ Text Message  ☐ Email
(Check all that apply)

## Personal Information

|  |  |
| --- | --- |
| First Name \* |  |
| Last Name \* |  |
| E-Mail \* |  |
| Phone # |  |
| State \* |  |
| Zipcode \* |  |
| Your Age \* |  |

Age Options: ☐ 18–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+ ☐ Prefer not to say

## Transgender Hormone Self-Assessment

Please complete the questions below to help us understand your hormone therapy goals and current experience:

|  |  |
| --- | --- |
| Question | Response (Yes/No or Short Answer) |
| Do you identify as your assigned birth gender? \* |  |
| Are you currently on hormone therapy? |  |
| Does your current therapy cause peaks & crashes? |  |
| Would you like to get rid of daily pills, shots & creams? |  |
| Do you want to increase or decrease muscle mass? \* |  |
| How many hours do you sleep each night? |  |
| Would you like to try hormone therapy that’s only done every 3 - 6 months? |  |
| How would you rate your sex drive on a scale of 1 (low) to 5 (extremely active)? \* |  |
| How did you hear about MindBodySoul? |  |
| 1 + 3 = ? Please prove that you are human by solving the equation \* |  |

[ Submit Button ]