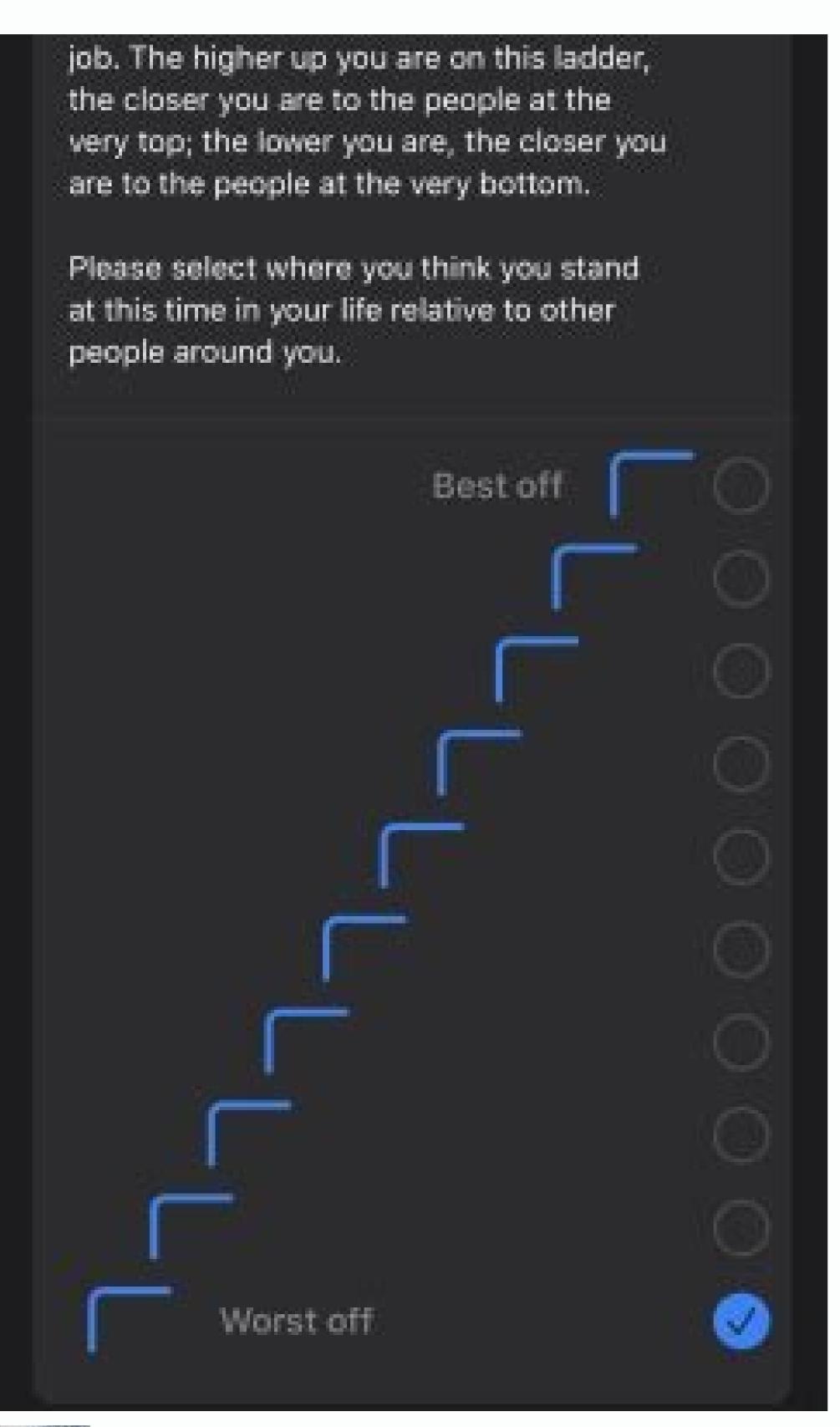
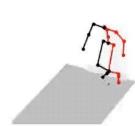
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A person jumps over an obstacle while running.





placed were excluded. Cisgender people do not experience such discrepancy (Arcelus & Bouman, 2017; Bouman et al., 2017). A higher score indicates a greater gender-related well-being, and greater gender congruence, greater gender congruence, greater gender-related well-being, and greater life satisfaction. New York: McGraw-Hill. Edinburgh, UK: Scottish Trans; Alliance. (1998). The routine use of patient reported outcome measures in healthcare settings. (1988). Patient-reported outcome instrument strategy. Psychometric theory (2nd ed.). This has ensured that the GCLS is meaningful and relevant for use as an outcome measure for people attending transgender health services (T'Sjoen, Motmans, Arcelus, & Bouman, 2017). Language and transgender health. [PubMed] [Google Scholar] Hattie J., & Cooksey R. Additionally, the GCLS chest, GCLS genitalia, and GCLS other secondary sex characteristics subscales had a moderate to strong association with the HBDS overall satisfaction scale. Research with this population is in its infancy, but suggests poorer mental health than binary transgender people (Rimes, Goodship, Ussher, Baker, & West, 2017; Scottish Trans Alliance, 2015; Thorne, Witcomb, Nieder, Nixon, & Arcelus, 2018; Warren, Smalley, & Barefoot, 2016). International Journal of Transgenderism, 18(4), 376-381. L., Bouman W. This suggests that the GCLS has discriminant validity. I have suffered from low moodNRSOA13. Increase of referrals to gender identity clinics: A European trend? doi: 10.1111/jsm.13033 [PubMed] [CrossRef] [Google Scholar]Bouman W. Determining the number of factors to retain in an exploratory factor analysis using comparison data of known factorial structure. Language and terminology In Bouman W. These measures have been developed with the binary gender system in mind (i.e., male or female) which is problematic in light of an increasing number of people identifying as non-binary or outside the gender binary (Beek et al., 2015; Clarke, Veale, Townsend, Frohard-Dourlent, & Saewyc, 2018; Richards et al., 2016, 2017); also, participants are asked to complete different versions depending on the gender they were assigned at birth. This process resulted in 85 items being developed. The first draft of the GCLS was then discussed with the Nottingham Centre for Transgender Health Service User Research Advisory Group (SURAG). I have thought about hurting myself or taking my own lifeNRSOABethany Jones was supported by a PhD studentship co-funded by Leicestershire Partnership NHS Trust and Loughborough University. I have felt extremely distressed when looking at my chestNRSOA29. Respondent burden can affect the quality of data gathered and may reduce response rates (Diehr, Chen, Patrick, Feng, & Yasui, 2005; Snyder et al., 2007). doi: 10.1177/0361684312442161 [CrossRef] [Google Scholar]Lauver D. Sexual and Relationship Therapy, 28, 165-171. Following feedback, several drafts were developed which were discussed with the above groups until a tool that satisfied everyone was created. British Medical Journal, 340, c186. Next, in-depth interviews with 14 transgender people attending a national transgender health service in the UK were undertaken as part of a larger study (Jones, Arcelus, Bouman, & Haycraft, 2017). It is likely that some of these correlations will have reached statistical significance due to the large sample size of the current study (Field, 2013). To alleviate this distress, many transgender people will approach transgender health services in order to access gender affirming medical interventions (GAMI) to help them transition to the gender they identify with. Psychological Assessment, 24, 282-292. These interviews highlighted how distress and dissatisfaction with gender, associated mental well-being, and life satisfaction improved over the treatment process. No paper alternative was offered. doi: 10.1080/15532739.2017.1394954 [CrossRef] [Google Scholar]Cohen-Kettenis P. All item loadings in the current study were above .30 and therefore all 42 items were retained at this stage. Stuttgart: Enke. To obtain the cluster scores, calculate the mean of all the items in that cluster: Cluster 1 (gender congruence): 14, 15, 16\*, 17, 18, 19, 20\*, 21, 22\*, 23, 24, 25\*, 26, 27, 28, 29, 30\*Cluster 2 (gender-related mental well-being and general life satisfaction): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 31\*, 32\*, 33\*, 34\*, 35, 36\*, 37, 38\*Below is a range of statements about how you might feel in relation to your gender, mental well-being, and life satisfaction. The scree-test for the number of factors. doi: 10.1080/15532739.2017.1293581 [CrossRef] [Google Scholar] one B. The final sample size therefore included 789 participants had read through the information sheet and decided whether or not they would like to take part, they were invited to complete the first iteration of the newly developed tool (GCLS). Informed consent was obtained from all participants prior to taking part in the study. The study was approved by an NHS research ethics committee and by the Research and Development Department of Nottinghamshire Healthcare NHS Foundation Trust (16/EM/0183) in line with Health Research Authority guidance (HRA, 2013), as well as Loughborough University Research Ethics Committee. Several processes were undertaken to complete the development of the GCLS. International Journal of Transgenderism, 18(1), 1-6. Patients are referred to transgender health services as a consequence of experiencing gender incongruence and therefore in the short-term the main aim of the tool was to assess levels of gender distress, gender congruence, and associated mental well-being. A., Haycraft E., Murjan S., & Arcelus J. Participants were asked to rate their responses on a 5-point Likert scale (1 = very dissatisfied; 5 and 5 = very satisfied) and therefore a higher score indicates a higher level of body satisfaction. The items within this first draft were developed as a result of the authors reviewing other self-report measures relating to gender incongruence, gender distress, mental well-being (including body dissatisfaction), and life satisfaction used with the transgender and cisqender population. B., & Philippi S. P., Bridgman M., Clayton A., ... Ward D. M., Lotfy M., & O'Connell K. First, systematic reviews of the available literature on treatment outcomes, including body dissatisfaction (see Jones et al., 2016). International Review of Psychiatry, 28, 44-57. An initial pool of items was developed and feedback on these was obtained. Being able to review the scores on these two clusters may allow clinicians and healthcare professionals to deliver a patient-centered service. In the cisgender congruence, poorer gender-related well-being, and poorer general life satisfaction. Hamburg Body Drawing Scale (HBDS; Becker et al., 2016): This scale was originally developed by Appelt and Strauss (1988) for use with individuals with different forms of psychoendocrinological disorders and assesses satisfaction with 33 different body parts. The known-groups' analysis also demonstrated that the measure is capable of discriminating between groups of interest (e.g., people who have and have not undergone gender incongruence, gender-related mental well-being, and general life satisfaction improve over the course of the medical transition. These people may choose to identify as gender neutral (feeling that one is neither male nor female), non-gender (having no gender in relation to presentation), or gender dichotomy of male and female) (Arcelus & Bouman, 2017; Richards, Bouman, & Barker, 2017; Richards et al., 2016). Some people may also be more fluid with their gender identity whereby they do not have a fixed gender and it can therefore vary over time. This consultation resulted in a revised draft of the GCLS. doi: 10.1080/14681994.2013.819222 [CrossRef] [Google Scholar] [Google Scholar] [CrossRef] [Google Scholar] [CrossRef] [Google Scholar] [Google Schol large matched control study with transgender people accessing clinical services. The mean age of the cisgender sample was 36.52 (SD = 12.23) and ranged from 19 to 70 years. Diagnostic and treatment issues for people with gender dysphoria in the United Kingdom. (2014). [Google Scholar]Kozee H. London: Palgrave Macmillan. Thus, the final sample consisted of 451 transgender people. This study therefore aimed to develop and validate a tool that addresses these limitations. Please contact the authors if you have any questions about the scale:Beth Jones: B.J ku.ca.orobl@senoProf Jon Arcelus: Jon.A ku.ca.mahgnitton@sulecrIf you would like to use the tool in a different language (i.e., translate it) then please contact the authors as they may already have it available in your language. For the final aim, known-groups validity testing (another form of construct validity) was conducted. Mean scores were calculated for each subscale. However, breast augmentation surgery is not funded, hence these analyses were only conducted in relation to transgender males. The need of patient involvement in transgender healthcare research. E., Heidrich S. Please rate each statement, thinking about how frequently you have felt like this in the past 6 months. Please rate each statement, thinking about how frequently you have felt like this in the past 6 months. Please rate each statement as: NEVER (N), RARELY (R), SOMETIMES (S), OFTEN (O), or ALWAYS (A). Please rote that when talking about "gender identity" we mean one's internal sense of one's self as a man, a woman, or some other gender. Participants recruited from the transgender health service were either asked to complete the online survey. -B., Buncamper M. Value in Health, 10, S76-S85. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 263-271. S. B., Tylka T. In light of this, treatment evaluations collected at transgender health services may be of a poor quality as they might have been affected by respondent burden. Aims The objective of this study was to develop a self-report tool that was capable of assessing the outcomes of transgender health services. The global score comprises all 38 items. P., Davey A., Meyer C., Witcomb G. Guidance for NHS Research Studies. The few measures that are available to assess gender distress (such as the Utrecht Gender Dysphoria Scale; Cohen-Kettenis & van Goozen, 1997) and body dissatisfaction (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful have been unable to have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful have a fulfilling life because of the distress relating to my genitalian (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful have been unable to have a fulfilling life because of the distress relating to the distress relating to the distress relating to the distress relating to t other secondary sex characteristics; life satisfaction; global scale; cluster two), and small (genitalia; physical and emotional intimacy; Field, 2009). Due to the lack of a suitable, validated mental health and quality of life measure, transgender health services usually invite patients to complete a series of measures that assess different constructs relating to mental health and quality of life to ensure evaluations are comprehensive. doi: 10.1007/s10508-015-0527-z [PubMed] [CrossRef] [Google Scholar] [Goo their first appointment at a transgender health service (Bouman & Richards, 2013; UK Trans Info, 2016). All seven subscales were found to have good (> .7) internal consistency (Nunnally, 1978; see Table 2) and the int which the GCLS measures what it claims to), Spearman's Rho correlations were conducted between the GCLS and the WHOQOL, HBDS, TCS, and IGDS with the transgender people who had not undergone any gender affirming medical interventions reported worse outcomes on all GCLS subscales, the global scale, and two clusters than both cisgender people and transgender people who had taken cross-sex hormone treatment and undergone genital surgery (+ / - chest reconstructive surgery). For the GCLS to show convergent validity (i.e., to determine whether two measures that theoretically should be related, are related), it would be expected to have a moderate to high correlation with the WHOQOL, HBDS, and TCS (Evans, 1996). Determining the number of components from the matrix of partial correlations. Educational and Psychological Measurement, 20, 141-151. Psychometrika, 41, 321-327. Non-binary youth: Access to gender-affirming primary health care. There are also two items which are assessed separately, that ask about overall quality of life and overall health. Z., Mullan R. I have not been able to be physically intimate with other people and the general population. F., Townsend M., Frohard-Dourlent H., & Saewyc E. Following this, several discussions and focus groups took place with clinicians from different transgender health services in the UK, Sweden, and Belgium. (1966). (2013). B., & Barefoot K. The GCLS subscales and the global scale have undergone vigorous testing and have demonstrated good reliability and validity. Table 4 shows that the GCLS subscales and the IGDS were unrelated as the two measures are weakly associated with one another (e.g., below r = .39; Evans, 1996). D., Blanchard R., VanderLaan D. The questions were rated on a 5-point Likert scale (1 = very dissatisfied) and a higher score indicates a higher quality of life. International Journal of Transgenderism, 13, 165-232. For the second aim, convergent and discriminant validity testing was conducted. [PubMed] [Google Scholar] Murad M. All effect sizes for the comparative analysis were large (Field, 2009). Barriers and facilitators of physical activity and sport participation among young transgender adults who are medically transitioning. The timeframe in the DSM-5 was decided on by clinical consensus to reflect the minimum duration that transgender people have to experience gender incongruence and distress in order to establish that these feelings are persistent rather than transient. R., & Gordon M. Measuring transgender individuals' comfort with gender identity and

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appearance: Development and validation of the Transgender Congruence Scale. The Gender Congruence and Life Satisfaction Scale (GCLS) was developed through reviewing the literature, conducting interviews with transgender people, and holding discussions with experts working in transgender healthcare. International Review of Psychiatry, 28
81-94. Subscale, global scale, and cluster norms for transgender people at different stages of medical transition, as well as cisgender people have been generated. This service accepts referrals from people at different stages of medical transition, as well as cisgender people have been generated. This service accepts referrals from people aged 17 and over. It was also felt that item 19 did not conceptually fit within factor 1 (the factor which the item loaded the highest, .41), however
it also loaded highly onto factor 3 (.39) and was felt to conceptually fit better within this factor (in comparison to factor 1). Body dissatisfaction and disordered eating in trans people: A systematic review of the literature. The latter may help with financial planning and future workforce and service development in the field of transgender
healthcare. The GCLS was developed in collaboration with the transgender population and healthcare professionals working in the field of transgender health. Such a tool is imperative to ensure evaluations are mapped onto the most important aims of gender affirming medical treatment and to allow meaningful and efficient evaluations to take place
at transgender health services. (2011). J., Murad A., Erwin P. A total of 458 transgender participants were invited. [Google Scholar]Thorne N., Witcomb G. However, these healthcare systems have limited resources and, at some point, rationing decisions may have to be made. I have felt that my genitals do match with my gender identityNRSOA26. C.
Smalley K. No significant differences were found between the two groups on the genitalia and physical and emotional intimacy subscales of the GCLS. Y., & Mayo/FDA Patient-Reported Outcomes Consensus Meeting Group (2007). I have not been able to have emotional relationships with other peopleNRSOA4. Feedback was collected which allowed
the development of the next draft of the scale, which was shared with several clinicians and academics from outside the UK (Sweden and Belgium). The GCLS has been developed independent of gender assigned at birth and gender identity and therefore may also be an appropriate measure to use with those
who identify as non-binary. Partial gender request and underlying motives of applicants for gender affirming interventions. Having a measure that is capable of assessing these outcomes may allow for the quality of life of
transgender people and their families of choice. Citation and tool use: The GCLS is freely available for use. There was no significant difference between the two groups on the genitalia and physical and emotional intimacy subscales of the GCLS. A report from the WHOQOL group. Thousand Oaks, CA: Sage. This is to make the scores from the
WHOQOL-BREF comparable to the WHOQOL-100 (Harper, 1998), which is the longer original questionnaire. The center is one of the larger transgender healthcare services in Europe and receives around 1,000 referrals a year from England and Wales. (1991). L. Cluster 1, gender congruence, comprises subscales 1-4, and cluster 2, gender-related
mental well-being and life satisfaction, comprises subscale 5-7. doi: 10.1111/j.1600-0447.1983.tb09716.x [PubMed] [CrossRef] [Google Scholar] Retrieved from [Google Scholar] and in this study had excellent reliability (\alpha = .92). Scores range from 9 to 45 and were
calculated by summing all responses. P., Cohen-Kettenis P. It was found that the cisgender participants scored significantly higher (indicating a more positive outcome) on all GCLS subscales and the global scale than transgender people who had not undergone any gender affirming medical interventions (see Table 5). I have felt that my voice has
affected the way other people have perceived my gender identity which has been distressing for meNRSOA24. Diagnostic and statistical manual of mental disorders (DSM-5) (5th ed.). This group consisted of 21 people, who were attending, or had attended the service and agreed to provide feedback for research projects taking place at the service.
Journal of Sex Research, 49, 184-211. (2012). Tools that predict which interventions are associated with good outcomes are vital to assist with making decisions regarding the allocation of healthcare resources and to explore how to improve overall patient outcomes. Research has explored patient treatment outcomes post-gender affirming
 interventions, such as cross-sex hormones and gender affirming genital surgery. To reference the measure, please cite this publication. Stevens (2002) suggested that for a sample size greater than 300 (current sample n = 451), item loadings should be greater than 300 to be retained within a factor. New York, NY: Nova Publishers. This is a National
Health Service (NHS) funded center, which offers assessment and treatment to transgender people who are pursuing, or are considering, medical transition. I have felt like my chest does not match my gender identityNRSOA19. [Google Scholar]Field, A. To be a valid item it had to: (1) be related to gender incongruence, gender distress, mental well-
being, or life satisfaction; (2) assess this construct in relation to gender incongruence and/or gender distress (e.g., I have felt extremely distressed when looking at my genitals); (3) be gender incongruence and/or gender distress (e.g., I have felt extremely distressed when looking at my genitals);
Relationship Therapy, 29, 154-214. Value in Health, 10, S86-S93. J., & Montori V. S., & Snaith R. L., Nieder T. Items 10 (-.39), 26 (.42), and 41 (-.39) were felt to conceptually fit better within the factors that they loaded highest with and therefore were retained within these factors. doi: 10.1080/15532739.2011.700873 [CrossRef] [Google
Scholar]Comrey A. Items with an asterisk (indicated below) need to be reverse scored (always = 5, never = 1). The only exception to this rule was item 19, which loaded highly onto factor 3 and was moved from factor 1 to 3 as it was felt to better conceptually fit within factor 3. Effects of different steps in gender reassignment therapy on
psychopathology: A prospective study of persons with a gender identity disorder. This analysis determines whether known-groups within the dataset, in this circumstance transgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages of their transition (i.e., cross-sex hormones) and cisgender people at different stages (i.e., cross-sex hormones) and cisgender people at different stages (i.e., cros
GCLS (e.g., transgender people score lower than cisgender people indicating a poorer outcome). In addition to this, data were not collected in relation to whether or not participants were accessing transgender health services (i.e., were treatment seeking) or the length of time on cross-sex hormone treatment. To further explore the short- and long-
term outcomes of gender affirming medical interventions, longitudinal research that uses the GCLS in treatment seeking transgender people needs to be conducted. Practical Assessment, Research & Evaluation, 18(8), 1-14. doi: 10.1080/15532739.2017.1370627 [CrossRef] [Google Scholar]Rolstad S., Adler J., & Rydén A. International Journal of
Transgenderism, 18(1), 16-26. These analyses are not exhaustive but provide subscale and cluster norms for the different groups explored. Initially, responses on the GCLS for transgender participants who had not undergone any gender affirming medical treatment (n = 189) and cisgender people (n = 338) were compared. This promoted a discussion
among the research team about some of the limitations of these measures (e.g., not transgender specific, developed within the binary gender system). doi: 10.1016/j.jad.2018.02.051 [PubMed] [CrossRef] [Google Scholar]Woertman L., & van den Brink F. It was found that cisgender people scored significantly higher (indicative of a more positive
outcome) than transgender people who were yet to undergo gender affirming medical interventions on the gender-related mental well-being and life satisfaction cluster (see Table 5). Participants were asked to rate their responses on a 5-point Likert scale (1 = never; 5 = very often). I have found it difficult to make
friendsNRSOA8. K., Rima B. Seven factors with an eigenvalue greater than one were identified and explained 67.30% of the total variance. I have felt satisfied with the support I have received from other significant peopleNRSOA37. (1983). The content of this advertisement was the same for transgender and cisgender people recruited through the
community. The two clusters have clinical relevance and applicability as some transgender people may or may not experience with their gender (e.g., Dhejne et al., 2016). Pacific Grove, CA: Brooks/Cole Publishing. I have felt that genital surgery will address the
unhappiness I experience in relation to my genderNRSOA. [Google Scholar] [
recognition, physical and emotional intimacy, chest, other secondary sex characteristics, and life satisfaction) that were clustered into two themes: (1) gender congruence and (2) gender-related mental well-being and general life satisfaction. I have suffered from anxietyNRSOA5. Value in Health, 14, 1101-1108. R., Calabrese S. Many transgender
people experience high levels of distress due to the discrepancy between their birth-assigned gender and gender dentity (e.g., Beek, Kreukels, Cohen-Kettenis, & Steensma, 2015). 10). A., Spegg C., ... Zucker K. It can therefore be concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life of the concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and the congruence and 
satisfaction, and—in particular—improvements in these that are likely to occur during the treatment process. The main aim of this study was to develop and evaluate a new transgender health outcome measure: the Gender Congruence and life satisfaction
over the course of gender affirming medical interventions. doi: 10.1111/jsm.12817 [PubMed] [CrossRef] [Google Scholar]Alvarenga M. If factors associated with positive and negative outcomes of transgender health services can be identified, patient-centered services can be created which provide extra support for patients who are vulnerable to
poorer outcomes. (1997). F., Watson M. A higher score therefore indicates a more positive outcome (higher gender-related mental well-being, and better general life satisfaction). To score item 26, if the participant indicates (by ticking the box) that they have had genital surgery, score their response as missing data. I have
felt comfortable with how others have perceived my genderNRSOA17. (2017). The two groups were also compared on the GCLS clusters and it was found that transgender males who had taken cross-sex hormones and undergone cluster and
the gender-related mental well-being and life satisfaction cluster than transgender males who had not undergone any gender affirming medical interventions (see Table 6). doi: 10.1097/00004583-199702000-00017 [PubMed] [CrossRef] [Google Scholar]Coleman E., Bockting W., Botzer M., Cohen-Kettenis P., DeCuypere G., Feldman J., ... Zucker K.
Research in Nursing & Health, 25, 246-255. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7. Establishing factors that predict a good outcome among individuals who identify as non-binary is also essential as the factors are likely to differ to what is seen among transgender people who identify
within the binary gender system. The GCLS is the first transgender health outcome measure to be developed and validated with the transgender population and is capable of assessing important treatment outcomes for treatment outcom
with transgender people and provides subscale norms. Two different groups of participants were involved in this study: transgender people and cisgender (non-trans) people. The strongest significant association was found between the GCLS life satisfaction and the WHOQOL overall quality of life subscale. Non-binary and binary transgender youth:
Comparison of mental health, self-harm, suicidality, substance use, and victimization experiences. C., Kreukels B. Community participants were asked to complete the survey online. One-tailed Spearman's Rho correlations between the GCLS and the IGDS to assess discriminant validity (n = 451; transgender participants only). GCLS
subscalesIGDSPsychological functioning -.27***Genitalia -.10***Social gender role recognition -.19***Physical and emotional intimacy -.16****Chest -.14***Other secondary sex characteristics -.08Life satisfaction -.28****Global -.24****To determine whether the GCLS is capable of distinguishing between subgroups (e.g., cisgender people and
transgender people who have had no gender affirming medical intervention) and to determine whether groups score in a theoretically expected way (e.g., people who have undergone gender affirming medical treatments on all subscales of the
GCLS) known-groups validity (a further type of construct validity) was conducted using Mann-Whitney U tests (Hattie & Cooksey, 1984). The GCLS was also found to be capable of discriminating between groups (e.g., people who have and have not undergone gender affirming medical interventions). The application of electronic computers to factor
analysis. (1984). The items that comprise each subscale are listed below: 1.Genitalia: 14, 21, 25*, 26, 27, and 29 (6 items) 2.Chest: 15, 18, 28, and 30* (4 items) 3.Other secondary sex characteristics: 17, 23, and 24 (3 items) 4.Social gender role recognition: 16*, 19, 20*, and 22* (4 items) 5.Physical and emotional intimacy: 3, 5, 32*, and 33* (4
items)6.Psychological functioning: 1, 2, 4, 6, 7, 8, 9, 11, 12, and 13 (10 items)7. Life satisfaction: 10, 31*, 34*, 35, 36*, 37, and 38* (7 items)The subscales can also be grouped into two clusters. In Transgender healthcare in Europe. International Journal of Transgenderism, 17 (3-4), 114-123. International Review of Psychiatry, 28, 95-102. Good
practice guidelines for the assessment and treatment of adults with Gender Dysphoria. This finding supports previous research, which has found dissatisfaction and distress with the genitalia to be increasingly prevalent post-chest reconstructive surgery in treatment-seeking transgender men (van de Grift et al., 2016). International Journal of
Transgenderism, 18, 227-238. G. London: Health Research Authority. Second, although gender incongruence, related mental well-being, and life satisfaction were all found to improve over the course of gender affirming medical interventions in the current study, it must be considered that these conclusions were based on cross-sectional data and test
re-test reliability was not established. The analyses demonstrated that transgender males who had taken cross-sex hormones and undergone chest reconstructive surgery scored significantly higher (more positive outcome) on the psychological functioning, social gender role recognition, chest, other secondary sex characteristics, and life satisfaction
subscales of the GCLS as well as the global scale, than transgender males who had not undergone any gender affirming medial intervention (see Table 6). F. E., Jackson J. First, the GCLS was only validated in an English speaking adult population. Acta Psychiatrica Scandinavica, 67, 361-370. (1978). N., & Zucker A. P., Claes L., Brewin N., Crawford
J., & Arcelus J. The tool was then validated. Method: For the validation of the tool, a total of 789 participants (451 transgender [254 females, 84 males]) were recruited from the United Kingdom to test the factor structure and validity of the
 GCLS. Results: Exploratory factor analysis retained 38 items which formed seven subscales (psychological functioning; genitalia; social gender role recognition; physical and emotional journal of Transgenderism. [Google Scholar] Health Research Authority
(HRA) (2013). This was the only item used in the current study and the reason for including it was to assess the convergent validity of the GCLS (i.e., to determine whether two measures that theoretically should be related, are related). Responses between the two groups were also compared on the GCLS (i.e., to determine whether two measures that theoretically should be related).
study sample comprised transgender people who were invited to take part from a national transgender people who have not undergone genital surgery (+/- chest
reconstructive surgery; n = 92) on the GCLS. No GAMI groupCHT and genital surgery (+/-chest surgery)Mann-Whitney U M (SD)M (SD)UzEffect sizepPsychological functioning 3.36 (1.01)4.15 (.72)4687.50-6.27.37.001Genitalia 3.22 (1.04)3.81 (.92)5858.00-4.33.26.001Social gender role recognition 2.73 (.83)3.93 (.73)2523.50-9.68.58.001Physical
and emotional intimacy 2.98 \ (1.07)3.36 \ (1.14)6923.50 - 2.65.16.001 Chest 2.57 \ (1.17)4.27 \ (.89)2174.50 - 10.15.61.001 Other secondary sex characteristics 2.55 \ (1.25)3.65 \ (1.10)4484.00 - 6.61.39.001 Cluster 1: gender congruence 2.83 \ (.84)3.92
(.61)2761.00-9.28.55.001Cluster 2: gender-related mental well-being and life satisfaction 3.18 (.84)3.86 (.70)4755.00-6.16.37.001Factor analysis on items of the GCLS supported a 7-factor solution with 38 items retained in total.
known-groups within the transgender sample, and some between transgender participants. Ghent, Belgium: European Professional Association of Transgender Scholar (EPATH) Retrieved from [Google Scholar (Possional Association of Transgender Health (EPATH) Retrieved from [Google Scholar (Possional Association of Transgender Scholar (Possional Association of Transgender Health (EPATH) Retrieved from [Google Scholar (Possional Association of Transgender Scholar (Possional Association 
10.1080/15532739.2016.1216344 [CrossRef] [Google Scholar] Witcomb G. Applied multivariate statistics for the social sciences (4th ed.). Tick here if you have already had genital surgery (unless you feel you need more) 27. It was expected that the items on the GCLS would be related and so therefore oblique (direct oblimin criterion) rotation was
employed. This is likely to be due to the large sample size in the current study (Field, 2013). [Google Scholar]Pontes H. Psychological well-being among transgender and genderqueer individuals. Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. This applied to items 10, 19, 26, and 41. Mental health and gender
dysphoria: A review of the literature. Psychological Medicine, 28, 551-558. Construct validity comprises convergent and discriminant validity. (2005). Becker et al. (1976). In total, four items were removed which resulted in the revised version of the GCLS comprising 38 items. Analysis of the remaining 38 items The remaining 38 items were then
subjected to a second principle components analysis with oblique (direct oblimin criterion) rotation. doi: 10.3109/09540261.2015.1115753 [PubMed] [CrossRef] [Google Scholar] [Diehr P., Chen L., Patrick D., Feng Z., & Yasui Y. & Arcelus J. I have not felt satisfied with my friendsNRSOA36. The mean scores given for each subscale, the global score,
and cluster of the GCLS for transgender people at different stages of medical transition within the current study can be used as norms. I have thought about cutting or hurting my chest, genital image self-consciousness, sexual esteem, sexual
satisfaction, and sexual risk. doi: 10.1016/j.jsxm.2016.09.003 [PubMed] [CrossRef] [Google Scholar]Velicer W. The groups were also compared on the two clusters and it was found that transgender people who had taken cross-sex hormone treatment and undergone genital surgery (+ / - chest reconstructive surgery) scored significantly higher (more
positive outcome) on the gender congruence cluster and the gender-related mental well-being and life satisfaction cluster than people who had not undergone any gender affirming medical intervention (see Table 7). It therefore felt important to apply the same criterion to the GCLS. (2016). P., Witcomb G. Predictors of psychological well-being among
trans individuals. In this study, the psychological (\alpha = .89) and relationships (\alpha = .76) subscales had very good reliability. Internet Gaming Disorder Scale-Short Form (IGDS; Pontes & Griffiths, 2015): This measure is a brief 9-item questionnaire that assesses internet gaming behavior (e.g., Do you systematically fail when trying to control or cease your
gaming activity?). (2018). As part of the validation process, the GCLS has already demonstrated that it can distinguish between subgroups of transgender individuals who are at different stages of medical transition, which makes it a suitable research tool. Therefore, these measures are unlikely to be specific enough (i.e., unlikely to ask about mental
 health problems in relation to gender distress) to be used with the transgender population for meaningful evaluations. P., & Richards C. However, there are some limitations to be considered. I have not gone to school/college/workNRSOA3. (2004). Surgical satisfaction, quality of life, and their association after gender-affirming surgery: A follow-up
study. doi: 10.1207/s15327906mbr0102 10 [PubMed] [Google Scholar] Clarke B. [PubMed] [Google Scholar] Clarke B. [PubMed] [Google Scholar] asking people to comment on the tool
and the items that comprised it. Currently, mental health and quality of life measures that are used to assess patient outcomes at transgender health services have often been developed for use with other specific (and dissimilar) populations (e.g., Hospital Anxiety and
Depression Scale; Zigmond & Snaith, 1983). Within the UK (which is where these data were collected), chest reconstructive surgery is funded by the NHS. P., Claes L., Brewin N., Crawford J. I have not felt satisfied with my healthNRSOA38. Once the tool had been developed, the first aim of this study was to explore the factor structure of the GCLS
 identity, either because I have it and do not like it or because I would like to have itNRSOA18. The World Health Organization's WHOQOL-BREF quality of life assessment: Psychometric properties and results of the international field trial. Kaiser's criterion is seen to be accurate when the sample size exceeds 250 (current sample n = 451) and the
average communality is equal or greater than .6 (.67 in the current study; Field, 2013). C., Elaut E., Cerwenka S. For factor analysis, Comrey and Lee (1992) suggested that 300 participants is a good sample size and therefore the number of transgender participants (n = 451) is considered adequate. These funding sources were not involved in any
way in this research project. J., Nieder T. P., Wood H. A., Goodship N., Ussher G, Baker D., & West E. (1996). I have been unable to leave the houseNRSOA7. Genderqueer and non-binary genders. In addition, a total of 375 cisgender participants were invited. Non-binary people's experiences in the UK. C., T'Sjoen G., Ålgars M., & Mattila A. doi:
10.2466/PMS.110.2.379-395 [PubMed] [CrossRef] [Google Scholar] [Google Sch
finding may warrant further research into gaming behavior of transgender people. In conclusion, the findings from this study suggest that the GCLS is a suitable and robust measure to assess treatment outcomes in relation to gender congruence, related mental well-being, and life satisfaction within the transgender population in both a clinical and
research capacity. The delivery of patient-centered interventions is crucial to improve patient outcomes (e.g., Lauver et al., 2002). L., & Bauerband L. M., & Griffiths M. Therefore, item 19 was retained within factor 3. Measurement of this outcome is often neglected due to the lack of available measures that have been developed with the transgender
population and are capable of assessing a change in distress and unhappiness a person experiences with their gender and body. W. The second aim was to explore the convergent and discriminant validity of the GCLS (types of construct validity). I have found it distressing that others do not address me according to my gender identityNRSOA20. F.,
 Kreukels B. Contemporary Clinical Trials, 26, 45-58. P., & Barker M.J. No other sources of funding were used to assist in the preparation of this article. Aitken M., Steensma T. Having a validated tool that is capable of having this level of sensitivity may be extremely useful in advancing research in transgender health. In the current study, the
psychological and relationships subscales were used as well as the item that assessed overall quality of life, so as to assess convergent validity. Current waiting times and patient population for gender identity services in the UK. Psychology of Women Quarterly, 36, 179-196. When items cross-loaded simultaneously onto two (or more) factors with
difference of less than .10, the face validity of the item was considered. Known-groups testing has previously been used to assess the construct validity of self-report measures (e.g., Alvarenga, Scagliusi, & Philippi, 2010). I have felt satisfied with my emotional relationship(s)NRSOA33. doi: 10.1080/00224499.2012.658586 [PubMed] [CrossRef] [Google
Scholar Wylie K., Barrett I., Besser M., Bouman W. (2016) recently validated the scale with the transgender population and adapted it to include male and female-specific subscales. The gender of the cisgender women). The male and female subscales were not used
comparative data technique to have 87.14% accuracy and Velicer's (1976) MAP test to have 59.6% accuracy in determining the number of factors to retain. N. The WHOQOL-BREF has been found to have good to excellent reliability and validity in the general population and in clinical populations (e.g., rehabilitation, primary care, mental health)
 across 23 countries (Skevington, Lofty, & O'Connell, 2004). Book of Abstracts (pp. As preliminary analysis, multicollinearity and singularity were assessed. Researchers have argued that improvements in mental health should not be the only focus of transgender health service evaluations, as mental health interventions are generally not provided by
transgender health services (Arcelus & Bouman, 2015; Dhejne et al., 2016). The sixth factor (three items) included questions that were related to distress and incongruence experienced in relation to non-genital secondary sex characteristics." The
seventh factor (seven items) included questions that assessed general life satisfaction (not related to gender incongruence) and therefore was labeled "life satisfaction." From reviewing these subscales, they appeared to conceptually cluster into two overarching themes; one that directly assessed the degree of gender congruence (factors 2, 3, 5, and
6) and another that assessed gender-related mental well-being and general life satisfaction (factors 1, 4, and 7). Journal of Sexual Medicine, 14(12), 1494-1495. They were also asked whether
they were using cross-sex hormones and/or blockers (if relevant) and whether they had undergone any gender affirming surgery ("Yes" or "No" response style). Multivariate Behavioral Research, 1, 245-276. S., & Mayo/FDA Patient-Reported Outcomes Consensus Meeting Group (2007). (2002). The GCLS social gender role recognition, GCLS other
secondary sex characteristics, GCLS chest, and GCLS genitalia subscales also all had a moderate to strong significant association with the TCS appearance congruence subscale. However, from this sample, seven people were removed as they either had provided no information about their gender assigned at birth and gender identity (n = 3) or had
not indicated whether or not their gender assigned at birth and gender identity were the same (n = 4). Patient outcomes will also be biased by levels of mental health problems experienced pre-treatment. doi: 10.1111/j.1524-4733.2007.00270.x [PubMed] [Google Scholar] Turner R. Please rate each
statement as: NEVER (N), RARELY (R), SOMETIMES (S), OFTEN (O), or ALWAYS (A). In the past 6 months: 14. The subscale scores were calculated using the mean and then multiplied by four. A first course in factor analysis (2nd ed.).
males who are taking CHT and have undergone chest reconstructive surgery (n = 17) on the GCLS. Transgender males: no GAMITransgender males: no GAMIT
medical intervention (n = 189) and people who had taken cross-sex hormone treatment and undergone genital surgery (+ / - chest reconstructive surgery; n = 92). [Google Scholar]Marshall E., Claes L., Bouman W. M. Responses were rated on a 5-point scale from 1 = strongly disagree to 5 = strongly agree. [Google Scholar]Harper A. Patient-
that relate to psychological well-being (life satisfaction and mental health). Washington, DC: American Psychiatric Association. Body image in transmen: Multidimensional measurement and the effects of mastectomy. The final cisgender sample consisted of 338 participants. On the online survey, these questions were only visible to individuals who
indicated incongruence between their birth and experienced gender (i.e., these questions were not visible to cisgender participants). Gender Congruence and Life Satisfaction Scale (GCLS; see the Appendix): This 38-item scale aims to assess change and measure improvements in gender (in)congruence, related mental well-being, and life satisfaction
 throughout the process of undergoing gender affirming medical interventions. O., Cerwenka S., Briken P., Kreukels B. doi: 10.1016/j.cct.2004.11.014 [PubMed] [CrossRef] [Google Scholar] [Foogle Scholar] [CrossRef] [Google Schol
and the global score (comprising all 38 items) were calculated. I have felt satisfied at school/college/workNRSOA2. I have evoided social situations and/or social interactionsNRSOA2. Based on these analyses, seven factors were explored. Item retention and elimination were subsequently considered in accordance with several criteria. Norm values
were also generated for the GCLS subscales, global scale, and clusters explored among the different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants, 37 were removed as they reported a gender identity that was different groups. Of these participants are removed as they reported a gender identity that was different groups. Of these participants are removed as they reported a gender identity that was different groups. Of these participants are removed as they reported a gender identity that was different groups. Of these participants are removed as the participants are removed as the participants are removed as the participants.
the number of factors to retain in EFA: Using the SPSS R-Menu v2.0 to make more judicious estimations. All of the outlined processes and studies mentioned above informed the first draft of the GCLS. Development of the World Health Organization WHOQOL-BREF quality of life assessment. The hospital anxiety and depression scale. Clinical
Endocrinology, 72, 214-231. D., Deutch M. Therefore, 38 items were retained to comprise the final version of the GCLS. People who had taken cross-sex hormone treatment and undergone genital surgery (+ / - chest reconstructive surgery) scored significantly higher (more positive outcome) on all GCLS subscales and the global scale compared to
people who had not undergone any gender affirming medical interventions (see Table 7). This was followed by a review of existing body dissatisfaction measures that are currently used to assess patient outcomes at transgender health services (Jones et al., 2016). [PMC free article] [PubMed] [Google Scholar] Scottish Trans Alliance (2015). H. The
 authors also worked in consultation with transgender people in the community, who were recruited through charities and support organizations for transgender and LGBT people within the UK. doi: 10.1111/j.1524-4733.2007.00271.x [PubMed] [CrossRef] [Google Scholar]UK Trans Info (2016). The determinant was above .00001 and therefore
multicollinearity and singularity were not a cause for concern. M., Kallich J. P., & Haycraft E. Moreover, the treatment options, which further complicates the evaluation of these interventions. One of the most important outcomes that should be measured after gender affirming
medical interventions is a change in the distress and unhappiness a person experiences with their experiences with their experiences with their experiences are result of their gender incongruence). Chest reconstructive surgeries in transmasculine youth: Experience from one pediatric center. Based on this review
items 21, 27, 28, and 30 were excluded. It should be noted that there is no empirical evidence to support the 6 month timeframe specified in the DSM-5. A gender neutral measure also allows clinicians to assess outcomes using the same tool throughout the medical transition. In addition, for outcome evaluations to be meaningful, the measures
employed must have been developed for, and validated with, the population in question (Dawson et al., 2010). For instance, when the length of time a person has been on cross-sex hormone treatment is known, longitudinal research may be able to identify a time frame in which long-term outcomes, such as psychological functioning and life
satisfaction, improve. On the whole, these studies have demonstrated that mental health and quality of life improve following gender affirming medical interventions (e.g., Dhejne, Van Vlerken, Heylens, & Arcelus, 2016; Murad et al., 2010; Van de Grift
et al., 2018; Witcomb et al., 2018). Sex reassignment of adolescent transsexuals: A follow-up study. C., Elfering L., Özer M., Bouman M. E., ... Mullender M. [Google Scholar]Dawson J., Doll H., Fitzpatrick R., Jenkinson C., & Carr A. After living as their experienced gender, transgender people, if they wish to do so, can be referred for gender affirming
surgery (Coleman et al., 2012; Wylie et al., 2012; Wylie et al., 2014). Transgender health services throughout Europe and North America have seen a substantial increase in the number of referrals in recent years. Additional analysis was therefore conducted and Ruscio and Roche's (2012) comparative data technique suggested seven factors should be retained, as did
meaninglessNRSOA10. It was also expected that the tool would be able to assess long-term outcomes by measuring levels of life satisfaction and psychological well-being. Factor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis; n = 451). ItemFactor 1Factor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis; n = 451). ItemFactor 1Factor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis; n = 451). ItemFactor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis; n = 451). ItemFactor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis; n = 451). ItemFactor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis; n = 451). ItemFactor loadings, eigenvalues, and percentage of variance each factor explains for the final 38 items of the GCLS (second principle components analysis).
2Factor 3Factor 4Factor 5Factor 6Factor 7Factor 7Facto
anxiety.58-.11.16.02.12-.04-.14(13) I have thought about hurting my self or taking my own life.56-.21.04-.01.05.01-.26(11) I have thought about cutting or hurting my chest, genitals, and/or surrounding areas.49-.35.06-.07.11.07-.08(9) I have felt that life is
meaningless. 47-.17.03.12.07.01-.37(12) I have suffered from low mood. 46-.12.16.08.18-.01-.27(7) I have felt unhappy about address the unhappiness I experience in relation to my gender. 06-.83-.10.18-.04-.06.16(22) I have felt unhappy about 0.02.23.02-.14-.32 Factor 2-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 2-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 3-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 3-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 3-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 3-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 3-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32 Factor 3-genitalia (29) I have felt unhappy about 0.02.23.02-.14-.32
my genitalia since they do not match my gender identity.11-.78.09.07.12-.10.03(33) I have felt extremely distressed when looking at my genitals as they do not match my gender identity.11-.78.09.07.12-.01.10(31) I have been unable to have a fulfilling life because of
the distress relating to my genitalia.08-.69.06.20.12-.02-.06(26) I have felt that my genitals do match with my gender identity#.18.42.10.27.06.29.34Factor 3-social gender role recognition (23) I have felt comfortable with how other people perceive my gender based on my physical appearance#-.11-.04.82-.03.10.07-.04(16) I have felt
comfortable with how others have perceived my gender #-.02-.03.79-.01.02.06-.04(20) I have felt satisfied with the pronouns that others do not address me according to my gender identity 1.40.04.39-.09.18-.33.21 Factor 4-physical and emotional
                  (37) I have felt satisfied with my sex life#-.19-.25.14.76-.02-.08.03(36) I have not been able to be physically intimate with other people. 15-.26-.08.70.07-.01.11(3) I have not been able to have emotional relationships with other
people.32-.01-.07.63.08-.07-.06Factor 5-chest (34) I have felt satisfied with my chest#-.16.08.02.05.94-.08-.01(18) I have felt satisfied with my chest that
 have not been able to have a fulfilling life. 22-.14-.05-.07.76.08-.01 Factor 6-other secondary sex characteristics (17) I have felt that my body hair conflicts with my gender identity, either because I have it and do not like it or because I have felt that my facial hair conflicts with my gender
identity, either because I have it and do not like it or because I would like to have it.04-.12-.01.01.12-.78-.02(24) I have felt that my voice has affected the way other people have perceived my gender identity which has been distressing for me.28-.01.16.06.14-.53.19Factor 7-life satisfaction (39) I have not felt satisfied with my
friends.11.15-.04.07.10-.03-.65(40) I have felt satisfied with the support I have received from other significant people#-.04.20.15.31.01-.22-.48(42) I have felt satisfied with life in general#.07-.09.30.16.09.04-.48(38) I have felt satisfied in my leisure activities and hobbies#.14-.03.14.22.21.08-.45(35) I have felt satisfied at
school/college/work#.21-.05.24.13-.05-.01-.39(41) I have not felt satisfied with my health.30.01.14-.12.03.05-.39(10) I have not enjoyed life.38-.18.15.19.08.02-.39Items removed for conceptual reasons (from first principle components analysis) (21) I have felt depressed when looking in the mirror as the body I have does not match my
gender identity).10-.37.06-.01.03.54-.11(27) I have felt that the way my body does not metch my gender identity-.06-.46.07.05.07.50-.03(28) I have felt that I do not need sex hormones to make me feel happy about
my gender.10-.26-.43.20.26.04.05 Eigenvalue14.833.352.301.841.241.211.07 Variance explained (%)39.038.826.044.853.253.202.82 Cronbach's alpha.93.79.77.85.92.81.83 The first factor (10 items) included items that related to psychological functioning associated with gender (in)congruence and was labeled "psychological functioning." The second
factor (six items) included questions that pertained to distress and incongruence relating to the genitals and therefore was named "genitalia." The third factor (four items) included questions that asked about the degree to which participants were satisfied with how others perceived their gender role and therefore these items were categorized as
 "social gender role recognition." The fourth factor (four items) asked participants about satisfaction with their physical and emotional relationships and therefore was named "physical and emotional intimacy." The fifth factor (four items) was labeled "chest" as it included questions that asked about distress and incongruence with the chest. These
seven subscales were found to have good internal consistency and convergent validity. L., Parasuraman B. I have felt so distressed about my chest that I have not been able to have a fulfilling lifeNRSOA16. Body image and female sexual functioning and behavior: A review. I have not enjoyed lifeNRSOA11. The tool that was developed in the current
study has been named the Gender Congruence and Life Satisfaction Scale (GCLS). Non-binary or genderqueer genders. Patient-reported outcomes: Instrument development and selection issues. In contrast, the scree plot suggested five factors should be extracted (Cattell, 1966). B. Kaiser (1960) suggested that factors with an eigenvalue greater than
domains: psychological, physical, relationships, and environment. Identification of these factors may also help to make the treatment process timely and more efficient for patients who are deemed not to be vulnerable. Applied Psychological Measurement, 8, 295–305. In light of this, evaluating the care and treatment received at these services is
important. (2016) found the HBDS subscales to have good reliability in a transgender sample (n = 451) (%) CHT and chest surgery only (n = 145) (%) CHT and genital surgery (+ /
 - chest surgery) (n = 92) (%) Genital surgery but no CHT (n = 3) (%) Transgender female 171 (37.9) 45 (23.8) 78 (53.8) 047 (51.1) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (77.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (77.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (77.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (77.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) Transgender male 147 (32.6) 46 (24.4) 50 (34.5) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (33.3) 17 (37.4) 33 (35.8) 1 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 33 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4) 17 (37.4
component analysis was conducted. The significance level was set at p < .05.Descriptive statistics relating to the gender identities of the transgender people are displayed in Table 1. doi: 10.3109/09540261.2015.1089217 [PubMed] [CrossRef] [Google Scholar]Kaiser H. A higher score indicates more problematic gaming behavior. M., Keller M. (Eds.)
The transgender handbook - A guide for transgender people, their families and professionals (pp. doi: 10.3109/09540261.2015.1106446 [PubMed] [CrossRef] [Google Scholar]Rimes K. [Google Scholar]Rim
to employ the GCLS with a larger sample of cisgender males to compare scores with transgender males. Journal of Sexual Medicine, 12, 756-763. L., Bowers B. Contrary to expectations, some subscales of the existence of the study and provided them
with the information sheet and details about how to participate. Some transgender people and all of the cisgender people and a
Tylka, & Bauerband, 2012): This measure has 12 questions, of which nine correspond with "appearance reflects my gender identity; I am generally comfortable with how others perceive my gender identity when they look at me) and three relating to "gender identity acceptance" (e.g., I am not proud
of my gender identity). The seven subscales are: psychological functioning; genitalia; social gender role recognition; physical and emotional intimacy; chest; other secondary sex characteristics; and life satisfaction. Straightforward statistics for the behavioral Sciences. Seven factors had an eigenvalue greater than one, which explained a large
proportion of the overall variance (68.01%; see Table 2). This study confirmed that the GCLS is a valid and reliable measure to use with the transgender population and is capable of assessing transgender health outcomes
of tests using the "known-groups" method. Patient-centered services are crucial in improving patient outcomes (e.g., Lauver et al., 2002). I have felt satisfied with my sex lifeNRSOA34. T., & van Goozen S. In the current study, only the 9-item appearance congruence subscale was used to assess convergent validity. Subscale and cluster norms have
also been provided for cisgender people; a sample that may provide a useful reference point for both future clinical and research purposes. It is expected that the GCLS may not only be a useful clinical tool, but may also aid research purposes. It is expected that the GCLS may not only be a useful reference point for both future clinical tool, but may also aid research purposes.
U test scores for transgender people who have undergone no GAMI (n = 189) versus cisgender people (n = 338) on the GCLS. No GAMI groupCisgender groupMann-Whitney U M (SD)M (SD)UzEffect sizepPsychological functioning3.36 (1.01)4.84 (.41)3830.50-17.96.78.001Genitalia3.22 (1.04)4.54 (.33)7063.50-15.56.68.001Social gender role
recognition 2.73 (.83) 4.03 (1.07) 11650.00 - 12.21.53.001 Physical and emotional intimacy 2.98 (1.07) 4.26 (.61) 10492.00 - 12.85.56.001 Chest 2.57 (1.17) 4.60 (.50) 3835.00 - 16.99.74.001 Other secondary sex characteristics 2.55 (1.25) 4.79 (.47) 3811.00 - 18.03.79.001 Life satisfaction 3.06 (.77) 3.90 (.61) 12609.50 - 11.55.50.001 Global GCLS 3.03 (.78) 4.45
affirming medical intervention (n = 46) and transgender males who had taken cross-sex hormone treatment and undergone chest reconstructive (but not genital) surgery (n = 17). Journal of Sexual Medicine, 12, 2201-2205. C. Discovering statistics (Third
edition). A review and meta-analysis. I have felt that my facial hair conflicts with my gender identity, either because I would like to have it and do not like it or because I would like to have it and do not like it or because I would like to have it and do not like it or because I have felt that my facial hair conflicts with my gender identity, either because I would like to have it and do not like it or because I would like to have it and do not like it or because I would like to have it and do not like it or because I would like to have it and do not like it or because I have it and do not like it or because I would like to have it and do not like it or because I would like it or bec
who were assigned male at birth, on the basis of their sexual characteristics, but identify as male. Psychology of Women Quarterly, 34,
394-404. These findings support previous research that has shown patients to report less distress with their gender, lower levels of body dissatisfaction, better mental well-being, and greater life satisfaction after they had undergone gender affirming surgery (e.g., Dhejne et al., 2016; Marinkovic and Newfield, 2017; Marshall et al.
2016; Murad et al., 2010; van de Grift et al., 2018; Witcomb et al., 2018; Witcomb et al., 2018). This study also found that transgender males who had not undergone any gender affirming medical intervention, psychological functioning, and life satisfaction subscales of
the GCLS, as well as the global scale and the two clusters, than transgender males who had taken cross-sex hormone treatment and undergone chest reconstructive surgery. A higher score indicates a higher level of transgender congruence. doi: 10.1111/jsm.13065 [PubMed] [CrossRef] [Google Scholar]Arcelus J., & Bouman W. Body image in young
gender dysphoric adults: A European multi-center study. As might be expected, the GCLS physical and emotional intimacy subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the WHOQOL relationships subscale had a strong significant association with the without 
 Elamin M. doi: 10.1111/j.1365-2265.2009.03625.x [PubMed] [CrossRef] [Google Scholar]Nunnally J. B., Garcia M. All transgender and cisgender people recruited through the community were required to be aged 18 or over. Participants who took part in the online survey were then asked to pass the link onto others in their network. Recruitment took
place over 4 months in 2016. I have felt distressed when touching my genitals as they do not match my gender identityNRSOA15. Measures developed to assess treatment outcomes within the transgender population therefore need to ensure they encapsulate people with non-binary gender identities and be gender neutral (i.e., applicable to all
genders). However, the tools currently used to evaluate treatment at transgender health services are limited by mainly focusing on mental health or because they have been developed for binary transgender people only. The subscales can be categorized into two clusters; (1) gender congruence (genitalia, chest, other secondary sex characteristics,
and social gender role recognition), and (2) gender-related mental well-being and general life satisfaction (physical and emotional intimacy, psychological functioning, and life satisfaction). L., & Arcelus J. doi: 10.1080/15532739.2016.1262127 [CrossRef] [Google Scholar]Cattell R. Transgender and cisgender subscale norms are provided for the
GCLS.Conclusion: The GCLS is a suitable tool to use with the transgender population to measure health, non-binary identities, scale, transgender people are those who experienced outcomes for both clinical and research purposes. KEYWORDS: Gender congruence, gender distress, life satisfaction, mental health, non-binary identities, scale, transgender people are those who experienced outcomes for both clinical and research purposes.
a discrepancy between the gender they were assigned at birth and their gender identity. Sexual and Relationship Therapy, 31(3), 357-373. Response burden and questionnaire length: Is shorter better? Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. I have felt satisfied with
         onouns that others use when talking about meNRSOA21. While mental health is evidently an important aspect to include within any outcome assessment of gender affirming medical interventions, given the high prevalence of mental health problems transgender people often experience pre-gender affirming
2016), it should not be the sole focus. Professional manual. As multiple comparisons were conducted, Bonferroni corrections were used (.05 ÷ 13 = .004). [Psycho-endocrinological Gynaecology: results and prospects]. Current and future direction of gender dysphoria and gender incongruence research. F., ... Wells T. A., Veale J. Hillsdale, NJ: Erlbaum
Research has found respondent burden to be great when patients are asked to complete multiple questionnaires, especially when these questionnaires assess similar constructs (Rolstad, Adler, & Ryden, 2011; Turner et al., 2007). A global score can also be calculated by finding the mean of all responses. All item loadings were greater than .30 and all
items conceptually and theoretically fitted within the factor that they had been placed. [Google Scholar]Garner D. Of the 451 transgender people, 189 (41.9%) had taken cross-sex hormone sand undergone chest
reconstructive surgery only, 92 (20.4%) had taken cross-sex hormone treatment and undergone genital surgery (+ / - chest reconstructive surgery) and three (.7) had undergone genital surgery but were not taking cross-sex hormone treatment.
of Gender Dysphoria in the Diagnostic and Statistical Manual of Mental Disorders (DSM), fifth edition (APA, 2013). The existence of two separate clusters therefore allows these factors to be considered separately. doi: 10.1080/14681994.2014.883353 [CrossRef] [Google Scholar]Zigmond A. [Google Scholar]Appelt H., & Strauß B. O., Nixon E., &
Arcelus J. Establishing this in different subgroups (e.g., people who identify as non-binary) is also important. This will avoid several versions of the tool being created in the same language. T., & Steensma T. doi: 10.1016/j.chb.2014.12.006 [CrossRef] [Google Scholar] [Google
45, 137-143. P. I have felt comfortable with how other people perceive my gender based on my physical appearanceNRSOA23. doi: 10.1080/15532739.2018.1452660 [CrossRef] [Google Scholar]T'Sjoen G., Motmans J., Arcelus J., & Bouman W. This has put a strain on these services, especially in relation to waiting times for assessment and treatment
(Aitken et al., 2015; de Vries, Kreukels, T'Sjoen, Ålgars, & Mattila, 2015). Development and validity (i.e., to determine whether two measures were not related, as would theoretically be expected). For the first aim of the
study, principal component analysis was conducted with data from the transgender participants only to determine the factor structure of GCLS. R., Quittner A. Future research should focus on validating the GCLS in other languages and other age groups (e.g., children and adolescents). If they have not ticked the box, score their response as for the
other GCLS items (always = 1; never = 5). To obtain subscale score, calculate the mean age of the transgender participants was 36.94 (SD = 15.46) and ranged from 17 to 77 years. Advanced online publication. These results confirm the convergent validity of the GCLS (see Table 3). A., Arcelus J., Bouman W.
Measuring DSM-5 Internet Gaming Disorder: Development and validation of a short psychometric scale. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 299-310. D., Cleeland C. Journal of Sexual Medicine, 12, 2226-2228. Quality of Life Research, 13, 2226-2228. Quality of Life Research, 13, 2226-2228. Quality of Life Research, 13, 2226-2228. Quality of Life 
Psychological Assessment Research, Inc. L., & Lee H. doi: 10.1023/0000018486.91360.00 [PubMed] [CrossRef] [Google Scholar] Snyder C. D., Cella D., Halyard M. (2015). The team then worked together to develop a list of items while taking into consideration some of the limitations identified in the previous phase. Some of the limitations were
identified through earlier phases of development (i.e., the review of existing measure used to assess body dissatisfaction). C., Cohen-Kettenis P. [Google Scholar]Courtney M. Research with cisgender populations has found body dissatisfaction (Woertman & van den Brink, 2012), as well as specific genital dissatisfaction (Schick, Calabrese, Rima, &
Zucker, 2010), to affect sexual satisfaction and distress experienced in relation to the genitalia in transgender men in the current study (pre-genital surgery) is likely to impact on their physical relationships. The analysis we conducted with known-groups demonstrates the sensitivity of the GCLS and its
ability to distinguish between outcomes at different stages of medical transition (e.g., chest distress dissipates post-chest reconstructive surgery). A comparison of mental health symptomatology and levels of social support in young treatment seeking transgender individuals who identify as binary and non-binary. Participants were invited to provide
information (if applicable) about their gender transition, including the amount of time they spend living in their experienced gender in their daily lives (less than 50%, more than 50%, or 100% of the time). Next, correlations were run to determine discriminant validity, that is, to test whether the GCLS and IGDS are unrelated (i.e., a weak correlation)
as would theoretically be expected. Some of the subscales from the GCLS may also be used to advance knowledge concerning factors that predict life satisfaction. To assess convergent and discriminant validity, one-tailed Spearman's Rho correlations (as the data were not
normally distributed) were conducted between the GCLS and the WHOQOL, HBDS, TCS, and IGDS with the transgender participants only (n = 451). I have felt satisfied in my leisure activities and hobbiesNRSOA35. Effect sizes for the comparative analysis were large (social gender role recognition; chest; other secondary sex characteristics; global
scale; and cluster one), medium (psychological functioning; cluster two), and small (genitalia; physical and emotional intimacy; life satisfaction; Field, 2009). T. Bartlett's test of sphericity was also significantly different from zero and therefore it was concluded that variables
were adequately related to find clusters within the dataset. Exploratory factor analysis and item elimination Analysis to determine the number of factors to retain was conducted. I have felt satisfied with my chestNRSOAPlease rate each statement as: NEVER (N), RARELY (R), SOMETIMES (S), OFTEN (O), or ALWAYS (A). Next, we would like to know
how satisfied you have been with your life for the last 6 months: 31. The scale is independent of gender assigned at birth and was developed to be relevant to people who identify as male, female, as well as those who identify outside the binary gender system (e.g., non-binary identities). The main focus of outcome evaluations at transgender health
services has often been based around mental health symptoms (e.g., anxiety, depression) (e.g., Bouman et al., 2016, 2017; Heylens et al., 2014; Murad et al., 2014; Murad et al., 2016, 2017; Heylens et al., 2016, 2017; Heylens et al., 2018, There is also an item that assesses overall satisfaction with appearance. This was achieved by sharing an online link to the study with transgender support
organizations (for transgender people only), via social media websites, and by email. One-tailed Mann-Whitney U tests were conducted for this aim as the data were not normally distributed. Courtney and Gordon (2013) recommended that other statistical techniques (other than the eigenvalue and scree plot) should also be used to establish the
number of factors to extract. I have felt unhappy about my genitalia since they do not match my genitalia since they do not match my gender spectrum. This process resulted in a tool with 42 items initially being created. Socio-demographic questions: Information about participants' age,
their gender assigned at birth, and gender identity was collected. Non-suicidal self-injury and suicidality in trans people: A systematic review of the literature. P., Suess Schwend A., Motmans J., Smiley A., Safer J. Health professionals working at transgender health services may start their patients on cross-sex hormone treatment to induce either
masculinization (with testosterone) or feminization (with estrogen and often with testosterone-blocking medication), depending on the patient's gender identity (Coleman et al., 2012; Wylie et al., 2014). Eating Disorder Inventory-2. The final aim was to determine whether the GCLS can distinguish between subgroups (i.e., transgender and cisgender
people) and be sensitive to changes in gender distress, gender incongruence, associated mental well-being, and life satisfaction throughout the treatment process (known-groups validity; a further type of construct validity).
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