Appendix A. Definitions and examples of codes and subcodes.

| Categories, codes and subcodes | Definitions | Examples |
|-------------------------------|-------------|----------|
| **1. Barriers to consultation** | These codes should only be used when relevant to impeding consultation with a surgeon for GAS and pertaining to a barrier that was actually experienced or perceived to be experienced by the patient. These codes should not be used in situations when a hypothetical barrier is being discussed. These codes should not be indirectly applied to a situation involving a barrier related to another aspect of transitioning or TGNC-related healthcare (e.g., hormone therapy) unless the situation also explicitly or implicitly serves as a barrier to consultation for GAS as well. |
| a. Lack of Support | | |
| i. Family | Patient experiences a barrier to GAS directly related to lack of support from the patient's family. This code should only apply to situations specific to the time in the patient's life when the patient is otherwise ready to pursue consultation for GAS. This code should not be used in situations when earlier life experiences are being discussed prior to the patient being otherwise ready to pursue consultation for GAS. | “My dad said he was disgusted. My mom was very much like, ‘Oh my god. Are you sure you want to do this?’” -GNC/NB 2 |
| ii. Friends | Patient experiences a barrier to GAS directly related to lack of support from the patient's friend or friends. This code should only apply to situations specific to the time in the patient's life when the patient is otherwise ready to pursue consultation for GAS. This code should not be used in situations when earlier life experiences are being discussed prior to the patient being otherwise ready to pursue consultation for GAS. | “Most of my friends… would viciously mock and deride anything they found [outside] of normal.” -Transfemale 1 |
| iii. Spouse | Patient experiences a barrier to GAS directly related to lack of support from the patient's spouse. This code should only apply to situations specific to the time in the patient's life when the patient is otherwise ready to pursue consultation for GAS. This code should not be used in situations when earlier life experiences are being discussed prior to the patient being otherwise ready to pursue consultation for GAS. | “She already made it clear that if I did transition, she wanted no part of it.” -Transfemale 2 |
| iv. Community | Patient experiences a barrier to GAS directly related to lack of support from the patient's community. For the purposes of this code, community may be defined as any type of location-based, identity-based and organization-based community aside from one's family, spouse and friends or place of employment, which should be coded. | “I remember in confession… we didn’t have a screen. You had to look your priest in the eye… [he] told me it was a sin. … It definitely added to the shame and the fear.” -GNC/NB 1 |
### b. Finding information

| i. Lack of exposure | Patient experiences a barrier to GAS related to being unaware that the GAS is an option for transitioning. This code may apply to situations in which the patient describes a delay in the pursuit of consultation with a surgeon for GAS due to lack of exposure and/or unawareness. This code should not be applied to situations in which the patient is knowing or aware of GAS but describes a delay in the pursuit of consultation with a surgeon for GAS due to inability to find information, which should be coded using the subcode 1bii. This code should also not apply to situations in which the patient describes difficulty with finding a surgeon, which should be coded using the subcode 1di. | “It wasn't until I was a little older that I was like, ‘Oh, not every person who has a uterus wants to throw it out of the window. Maybe this is me not accepting my body. Maybe there is something that I can actually do about this.’ I thought about a hysterectomy from a young age, as a teenager, and I thought of it the way you think of a pipedream. Like, ‘This is something that I would like to be but I can't talk about it. I'm not allowed to have it. It's just not realistic. They would never let me.’ I didn't start considering any of this as an actual thing that I could do and make progress towards until a couple years ago.” - GNC/NB 3 |
| ii. Lack of information | Patient experiences a barrier to GAS related to lack of information about GAS. This code may apply to situations in which the patient describes a lack of information regarding available techniques and procedures, lack of information regarding whether the patient is a candidate for GAS, and/or lack of information on how the patient can initiate consultation with a surgeon for GAS. This code should not be applied to situations in which the patient describes a delay in the pursuit of consultation with a surgeon for GAS due to lack of exposure and/or unawareness, which should be coded using the 1b1i subcode. This code should also not apply to situations in which the patient describes lack of information on how to find a surgeon, which should be coded using the subcode 1di. | “Then as far as actual medical research, there's not a ton of it available, at least to the public. I had done a little bit of digging once I got to college, because I had more scholarly [resources], but I just feel like there's not a lot out there.” - Transmale 1 |

### c. Financial

| i. Capital | Patient experiences a barrier to GAS related to a lack of capital. This code | “… the minute I knew that I could have the chest surgery, I wanted it. |
relates to any inability to finance any part of the process of GAS and is specific to the patient's anticipation that capital is a barrier without actually having attempted to finance the surgery. This code may apply to direct costs (e.g., professional fees, hospital fees) and indirect costs (e.g., travel, accommodations) attributed to the process of GAS. This code should not apply to situations in which the patient experiences financial barriers due to lack of insurance or insurance coverage, which should be coded using the subcode 1ciii. This code should apply to lack of capital only when the issue of unemployment directly relates to lack of capital, else reference subcode 1ci.

ii. Employment

Patient experiences a barrier to GAS related to difficulty with an employer, place of employment or with an excused absence or leave as it relates to consultation with a surgeon for GAS. This code may apply to situations in which the patient experiences lack of support from an employer or place of employment. This code may also apply to a situation in which the patient fears negative consequences, retaliation or loss of employment as it relates to the GAS journey. This code should apply to lack of capital only when the issue of unemployment directly relates to lack of capital, else reference subcode 1ci. This code should apply to lack of insurance or inadequate insurance coverage only when the issue of unemployment directly relates to lack of insurance or inadequate insurance coverage, else reference code 1ciii.

“The minute I could get the money together is when I had it. It was 2005, so it was probably 15 months or so… maybe longer than that…but I was able to get the money together.” - Transmale 6

“I’m like, ‘Doc, I have to work. I can't take a lot of time off of work, so I can't do everything at one time.’” - Transfemale 2

iii. Insurance

Patient experiences a barrier to GAS related to lack of insurance or inadequate insurance coverage. This code may apply to a situation in which the patient has no insurance or inadequate insurance coverage and is unable to pay out-of-pocket for any aspect of the GAS journey. This code may also apply to situations in which the patient describes difficulty with and/or inability to navigate the insurance system. For situations in which financial barriers persist despite adequate insurance coverage, this code may be used in conjunction with the subcode 1ci. This code should apply to lack of insurance or inadequate insurance coverage only when the issue of unemployment directly relates to lack of insurance or inadequate insurance coverage, else reference code 1ciii.

“… but my insurance wasn't covering it at the time. It's like a daunting amount of money… I want to say it was like $60,000 at the time to pay cash out-of-pocket kind of thing. I was like, ‘There's no way.’ I could save from here until the cows come home, and I would never have that kind of money. It was kind of [put on the backburner] so to speak.” - Transmale 6
unemployment only when the issue of unemployment directly relates to lack of insurance or inadequate insurance coverage, else reference subcode 1cii.

d. Logistics

| i. Finding a surgeon | Patient experiences a barrier to GAS directly due to difficulty with finding a surgeon. This code may apply when the patient encounters a paucity of nearby surgeons who are capable of performing the surgery of interest or the patient encounters the unwillingness of nearby surgeons to perform the surgery of interest. This code may also apply to situations of unwillingness of the patient to pursue consultation with a surgeon who may be capable but deemed incompetent and/or insensitive by the patient. | “Until I moved to the Chicagoland area, I was unable to get a realistic consultation. When I lived [in a smaller city], the only person who I could see was someplace in Indiana, which was not a realistic trip.” -Transfemale 1 |
| ii. Mental health | Patient experiences a barrier to GAS directly related to a mental health issue. This code may apply when treatment by or a referral from a mental health professional is required in order for the patient to pursue consultation with a surgeon for GAS. This code may also apply to situations related to patients feeling unable or unwilling to pursue consultation for GAS due to their own active mental health issues. | “The thing that drove me the craziest was, to get bottom surgery, even a hysterectomy, I needed a letter from two different psychologists or mental health providers, one of whom had to have a doctoral level of training, which was hard for me because my therapist was only a [licensed clinical social worker].” - Transmale 4 |
| iii. Patient readiness | Patient experiences a barrier to GAS directly related to lack of personal readiness to pursue consultation for GAS. This code applies to a patient's self-assessment (e.g., right time, right place). This code may also apply to situations in which active medical issues (aside from mental health) serve as a barrier to consultation for GAS. This code should not be used in situations related to lack of personal readiness due to mental health issues or due to financial barriers, which should be coded using the 1dii and 1c subcodes, respectively. | “I was researching everything to do with surgical processes and procedures, and so on and so forth. … [but then] we accidentally ended up pregnant together. I put everything on hold for that… I waited several years after that to become invested [again].” - Transmale 5 |
| iv. Referrals | Patient experiences a barrier to GAS directly related to obtaining the necessary referral(s) before initiating consultation with a surgeon. This code should not be used when treatment by or referral from a mental health professional is required, which should be coded using the 1dii subcode. | “It just took a long time to even get referred because I had to be on hormones for ‘x’ amount of time.” -Transmale 3 |
| v. Wait time | Patient experiences a barrier to GAS directly related to length of time before | “… I had to schedule 18 months in advance because these surgeons |
initiating consultation with a surgeon. This code should not be used in situations related to length of time between consultation and scheduling surgery, which should be coded using one of the 3b subcodes. are good surgeons. There aren’t a lot of good surgeons doing these procedures, so there’s want. There’s an 18-month wait… [it is unfair] that more surgeons aren’t trained to do these procedures well.” -GNC/NB 4

2. Interactions with clinic staff and surgeon

These codes should be applied to situations in which a patient describes an actual encounter or experience with the clinic staff, the clinic environment and the surgeon as it relates to consultation for GAS. These codes should not be applied to situations in which a patient discusses generalities related to important surgeon characteristics and/or general statements made by patients that highlight or emphasize the characteristics that they value most in a surgeon, which should be coded using the 4a-b subcodes. These codes should not be applied to purely hypothetical situations, experiences or beliefs described by the patient unless they explicitly or implicitly relate to an actual encounter or experience of consultation with a surgeon for GAS. These codes should not be indirectly applied to a situation related to another aspect of transitioning or TGNC-related healthcare (e.g., hormone therapy) unless that situation also explicitly or implicitly relates to consultation for GAS as well.

a. Interaction with clinic staff and clinic environment

| Positive experience with clinic staff | Negative experience with clinic staff | Comfortable or neutral environment |
|--------------------------------------|--------------------------------------|-----------------------------------|
| Patient describes interactions with the surgeon's clinic staff as being a positive or neutral experience. This code may be applied when a patient's general statements regarding the surgeon's clinic staff are either positive or neutral in nature. This code should be applied to patient encounters and experiences relating to the surgeon's clinic staff and not to those relating to the surgeon's clinic environment, which should be coded using subcodes 3aiii and 3aiv. This code should not be applied to a patient's descriptions of interactions with the actual surgeon at the time of consultation for GAS, which should be coded using one of the 3d subcodes. | Patient describes interactions with the surgeon's clinic staff as being a negative experience. This code may be applied when a patient's general statements regarding the surgeon's clinic staff are negative in nature. This code should be applied to patient encounters and experiences relating to the surgeon's clinic staff and not to those relating to the surgeon's clinic environment, which should be coded using subcodes 3aiii and 3aiv. This code should not be applied to a patient's descriptions of interactions with the actual surgeon at the time of consultation for GAS, which should be coded using one of the 3d subcodes. | Patient experiences the surgeon's clinic as being either a comfortable or neutral environment. This code may be applied |
| “The staff [were] accepting and weren't uncomfortable by me being trans.” -Transmale 4 | “[The staff] were going on a script that just didn't work for me. There was attention to detail, but not attention to my detail.” -Transfemale 1 | “It was a fine waiting room. There [were] a few materials on trans stuff, but it wasn't explicitly trans- |
when a patient's general statements regarding the surgeon's clinic environment are either positive or neutral in nature. This code should be applied to patient encounters and experiences specific to the surgeon's clinic environment, which may include descriptions of a LGBTQ-welcoming space, an opportunity for discretion, a gender-inclusive waiting area, and/or the availability of gender-neutral restrooms. This code should not be applied to patient encounters and experiences specific to the surgeon's staff, which should be coded using subcodes 3ai and 3aii.

| iv. Uncomfortable environment | Patient experiences the surgeon's clinic as being an uncomfortable environment. This code should be applied when a patient's general statements regarding the surgeon's clinic environment are negative in nature. This code should be applied to patient encounters and experiences specific to the surgeon's clinic environment, which may include descriptions of a LGBTQ-welcoming space, an opportunity for discretion, a gender-inclusive waiting area, and/or the availability of gender-neutral restrooms. This code should not be applied to patient encounters and experiences specific to the surgeon's staff, which should be coded using subcodes 3ai and 3aii. | “… I was like, ‘urology,’ because I have a penis, this is where men go. I was feeling like I didn't belong there, [but] that's where I was supposed to go.” -GNC/NB 2 |

b. Experience with scheduling surgery

| i. Experienced no difficulty | Patient experiences no difficulty with navigating the process of scheduling surgery. This code should only apply to the specific surgery or surgeries for which the patient has most recently undergone consultation. This code should not apply to situations in which the patient describes no difficulty scheduling consultation with a surgeon for GAS. | “Something really great about it was that I was able to get everything booked within two weeks.” -Transmale 5 |

| ii. Experienced difficulty | Patient experiences difficulty with navigating the process of scheduling surgery. This code should only apply to the specific surgery or surgeries for which the patient has most recently undergone consultation. For situations in which difficulty with scheduling surgery is related to, or partly related to, difficulty with the insurance pre-authorization process, this code may be | “It's not fair. It's not really acceptable. I'm accepting it because I have to accept it. We had to wait, and it's going to be more expensive now because I aged out of my mother's insurance because we couldn't have it done fast enough for me to have it done while I was still insured. It's not fair. It's not fair.” -GNC/NB 4 |
used together with the appropriate 3c subcode. This code should not apply to situations in which the patient describes difficulty scheduling consultation with a surgeon for GAS, which should be coded using the appropriate 1a-d subcodes.

c. Experience with insurance pre-authorization

| i. Patient relied on self | Patient describes an experience or expectation of having to rely on oneself to navigate the insurance pre-authorization process. This code may apply to situations in which the patient preferred this role. This code may also apply to situations in which the patient felt responsible to assume this role and/or burdened by this role. | “I try to keep myself informed. I ask questions first… if people don't know the answers, then I educate myself. Just specifically with insurance, because I assume that medical providers would know about that and stuff, but I often know considerably more than them about that for my specific plan or whatever.” - GNC/NB 2

| ii. Patient relied on others | Patient describes an experience or expectation of relying on others to navigate the insurance pre-authorization process. For the purposes of this code, others may refer to the surgeon, the surgeon's staff, administrators employed by a surgeon or hospital and/or employees of the patient's insurer. | “I would like to say that I can sit down and be able to read the manual and get everything about the surgery. I kind of can, but if I don’t have their staff, which means their medical coders and billers, then I’m completely lost.” - Transmale 5

d. Interaction with surgeon

| i. Encounter was adequate and/or positive | Patient describes interactions with the surgeon during the actual patient-surgeon encounter as adequate and/or positive. This code may be applied when a patient's general statements regarding these interactions are either positive or neutral in nature (e.g., good, normal, unremarkable, brief but adequate, focused and to the point, satisfying). This code should not apply to the surgeon's behavior and actions during the physical exam portion of the patient-surgeon encounter, which should be coded using the subcodes 3dix and 3dx. This code should not be applied to statements from a patient related specifically to a sense of understanding, which should be coded using the subcode 3dvii. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff and/or clinic environment, which should be coded using one of the 3a subcodes. | “Pretty much [everything went well] after I was in the consultation office. It was a very informed and very open conversation. I was informed of my options. I was informed of the downsides. The doctor was knowledgeable.” - Transfemale 1
| ii. | Encounter was inadequate and/or negative | Patient describes interactions with the surgeon during the actual patient-surgeon encounter as inadequate and/or negative. This code may be applied when a patient's general statements regarding these interactions are negative in nature (e.g., bad, abnormal, rushed, too brief, inadequate, dissatisfying). This code should not apply to the surgeon's behavior and actions during the physical exam portion of the patient-surgeon encounter, which should be coded using the subcodes 3dix and 3dx. This code should not be applied to statements from a patient related specifically to lack of understanding or sense of having unanswered questions, which should be coded using the subcode 3dviii. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff and/or clinic environment, which should be coded using one of the 3a subcodes. | “It was quick, though. I don't think I spent more than 10 minutes with him. That was the last interaction I had with him. The next time I saw him was when I was being wheeled up to the operating room. I was thinking, ‘Shit, I had never really talked to him in detail about the exact procedure,’ and, ‘Is he going to do the right thing?’” - Transfemale 2 |
| iii. | Patient felt comfortable | Patient describes interactions with the surgeon as being a comfortable or neutral experience. This code may be applied when a patient's general statements regarding the surgeon are either positive or neutral in nature. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff and/or clinic environment, which should be coded using one of the 3a subcodes. | “More than 90 percent of what I was concerned about had been addressed, and the other 10 percent she actually said she didn't know, which I found refreshing… I was confident in my decision, and I was confident in her abilities.” - Transfemale 1 |
| iv. | Patient felt uncomfortable due to self | Patient describes interactions with the surgeon as being an uncomfortable experience due to the patient's own anxiety, worry or internalized sense of discomfort. This code may be applied when a patient's general statements regarding the surgeon are negative in nature. This code should not be applied to situations in which patients describe interactions with the surgeon as being an uncomfortable experience due to actions or statements made by the surgeon, which should be coded using the subcode 3dv. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff and/or clinic environment, which should be coded using one of the 3a subcodes. | “It's just going to be awful because I don't like that part of my body. Nobody likes a pelvic exam, and probably it's worse if you're trans. I put myself into shutdown ‘safe mode,’ and put on my sunglasses and my headphones, and put some music up really loud, and closed my eyes… and waited for it to be over.” - Transmale 3 |
| v. | Patient felt uncomfortable due to surgeon | Patient describes interactions with the surgeon as being an uncomfortable experience. | “They did misgender me. They called me ‘her’ several times…” |
| Experience of Patient | Description and Code | Patient's Description |
|-----------------------|----------------------|-----------------------|
| vi. Surgeon seemed uncomfortable | Patient describes interactions with the surgeon during which the surgeon appeared to be uncomfortable. This code may apply to the surgeon's behavior and actions during either the history-taking portion or the physical exam portion of the patient-surgeon encounter. This code should not be applied to situations in which patients describe interactions with the surgeon as being an uncomfortable experience due to direct actions or statements made by the surgeon, which should be coded using the subcode 3dv. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff and/or clinic environment, which should be coded using one of the 3a subcodes. | “… [he was] a little brisk during the examination. I was fine with it, but it seemed like, maybe towards the tail end of things, he was a little bit uncomfortable. I wasn’t sure as to why.” -Transmale 5 |
| vii. Surgeon ensured patient’s understanding | Patient describes a sense of understanding at the end of the patient-surgeon encounter as it relates to consultation for GAS, which may include the opportunity to have asked questions or raise concerns and the experience of having those questions adequately answered and those concerns adequately addressed. | “I really liked her. I thought she was really wonderful. She was above and beyond what I would expect from a healthcare provider. She was just very sweet and maternal, but not in a creepy way. She just seemed to really care about her patients. She answered a lot of questions, because I ask a lot of technical questions. She was very patient with that.” -Transmale 3 |
| viii. Patient needed more information | Patient describes a lack of understanding or sense of having unanswered questions at the end of the patient-surgeon encounter as it relates to consultation for GAS. This code may apply to situations in which the patient was not provided with an adequate explanation of the procedure, including but some people are nonbinary… I forget what it [was that the doctor said] that felt very dysphoric. She said, ‘You are a girl.’” -GNC/NB 2 | “I don't know what to expect. I have to find out more [details about] when I should come in and where I should stay. I have to stay [in town] before the surgery, and also after the surgery. I don't know where's a good place to stay. I
|   |   |   |
|---|---|---|
|   | its relevant risks, benefits and alternatives. This code may also apply to situations in which the patient was not provided an opportunity to ask questions or raise concerns and/or did not experience having those questions adequately answered and those concerns adequately addressed. | don't feel super prepared.” - Transmale 2 |
| ix.  | Physical exam was adequate and/or appropriate | “I would say it's pretty much like every other physical exam of that kind that I've had.” - Transmale 7 |
|   | Patient describes interactions with the surgeon during the physical exam portion of the patient-surgeon encounter as adequate and/or appropriate. This code may be applied when a patient's general statements regarding these interactions are either positive or neutral in nature (e.g., straightforward, normal, unremarkable, brief but adequate, focused and to the point). This code should not apply to the surgeon's behavior and actions outside of the physical exam portion of the patient-surgeon encounter, which may be coded using any 3d subcode aside from 3dix and 3dx. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff, which should be coded using the subcodes 3ai and 3aii. |
|   | “It was insufficient, especially after all the things with my issues with my hysterectomy and having so many problems and having my legs open to so many individuals.” - Transmale 4 |
| x.   | Physical exam was inadequate | Patient describes interactions with the surgeon during the physical exam portion of the patient-surgeon encounter as inadequate. This code may be applied when a patient's general statements regarding these interactions are negative in nature (e.g., bad, abnormal, rushed, too brief, uncomfortable, dissatisfying). This code should not apply to the surgeon's behavior and actions outside of the physical exam portion of the patient-surgeon encounter, which may be coded using any 3d subcode aside from 3dix and 3dx. For situations in which a patient describes these interactions as negative in nature as a result of or intimately related to the patient's or surgeon's own anxiety, worry or internalized sense of discomfort, then this code may be used in conjunction with either the subcode 3div or 3dv, respectively, if applicable and when appropriate. This code should not be applied to a patient's descriptions of experiences with the surgeon's clinic staff, which should be coded using the subcodes 3ai and 3aii. |
5. Areas for improvement

These codes should only be used for a situation in which a suggestion is made to specifically address an area for improvement. These codes should only be used for situations specific to GAS. These codes should not be indirectly applied to a situation related to another aspect of transitioning or TGNC-related healthcare (e.g., hormone therapy) unless the situation explicitly or implicitly relates to the pursuit of GAS as well.

| a. Patient experience | Patient explains that, in order to improve care for transgender persons as it relates to GAS, at least in part, individuals, organizations or society should address the barriers to GAS that exist for TGNC individuals. This code may be used in conjunction with the 1a-d subcodes if the patient describes both a suggestion that relates to an area for improvement as well as a barrier to GAS that was actually experienced or perceived to be experienced by the patient. | “I don't know if this exists, but I would like to see a hotline or something set up for transgender people who are going through surgeries who need support, because any trans hotline you call now, they're just people to talk to. They don't really know a lot about the actual specifics.” -Transfemale 3 |
|-----------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| i. Address barriers   | Patient explains that, in order to improve care for transgender persons as it relates to GAS, at least in part, individuals, organizations or society should improve the clinic staff and/or clinic environment experienced by the patient during the GAS journey. This code should not apply to situations related to clinic staff and clinic environment that were actually experienced or perceived to be experienced by the patient, which should be coded using the 3a subcodes. | “I think that it probably can't be too hard to put a note on the chart when the nurse is taking me back. Something to say, ‘Hey, these are the pronouns this person uses.’” - Transmale 7 |
| ii. Clinic staff and clinic environment | Patient explains that, in order to improve care for transgender persons as it relates to GAS, at least in part, individuals, organizations or society should improve the TGNC community experienced by the patient during the GAS journey. This may include members of the TGNC community working to improve their own community, such as improving the means by which TGNC individuals share information and experiences with one another. | “The only thing I was a little bit disappointed with [was] trans groups… where it was like, ‘Oh, come and hang out with other trans people.’ … I was really looking just to try to meet friends… where I could share experiences. Up to that point, I had no input from any trans person, and no way to even talk about [my] feelings with anybody. … Unfortunately, it was mostly a very young group (late-teens to mid-20’s). … She goes, ‘You're always more than welcome to go there, but you're probably not going to fit in so well.’ … I wish there would be more resources that they had for [older] transgender people… That would have been more helpful. I struggled a lot with that, even as I was transitioning, because I just wanted to talk to...” |
somebody [who was] going through it but couldn't find anybody.” - Transfemale 2

GAS, gender-affirming surgery; TGNC, transgender and gender non-conforming