



# Gender Preoccupation and Stability Questionnaire-2 (GPSQ-2)

## Instructions:

Please select the answer that best reflects your thoughts and feelings over the past two weeks.

		Never	Rarely	Sometimes	Often	All the time
1	Over the past two weeks how often have you thought about your gender?	0	1	2	3	4
2	Over the past two weeks how often has your gender identity affected everyday things such as school, work, recreation, or purchases?	0	1	2	3	4
3	Over the past two weeks how often has your sense of what gender you identify with changed at all?	0	1	2	3	4
4	Over the past two weeks how often have you felt annoyed because you have been prevented from living in accordance with your gender identity?	0	1	2	3	4
5	Over the past two weeks how often have you been upset by issues relating to gender?	0	1	2	3	4
6	Over the past two weeks how often has your understanding of your gender, or how you describe gender to others, changed?	0	1	2	3	4
7	Over the past two weeks how often have you been worried about telling others about your gender identity or past gender history?	0	1	2	3	4
8	Over the past two weeks how often have you changed the way you behave around others in order to fit in with what they expect from your gender?	0	1	2	3	4
9	Over the past two weeks how often have you felt that you wanted to change the physical appearance of your body to match your gender identity (e.g., surgery, hormones or puberty blockers)?	0	1	2	3	4
10	Over the past two weeks how often have you felt uncertain, anxious or confused about your gender identity?	0	1	2	3	4
11	Over the past two weeks how often have you felt annoyed because you have been expected to behave differently or act in certain ways because of the sex assigned to you at birth?	0	1	2	3	4
12	Over the past two weeks how often have you felt sad or hurt as a result of any changes to your gender (e.g., unintended impact on family, relationships, friends, fertility, finances or career)?	0	1	2	3	4
13	Over the past two weeks how often have you stopped yourself from participating in any activity, behaving in a certain way, or purchasing anything because of your gender?	0	1	2	3	4
14	Over the past two weeks how often have you felt you should change how you express your gender (e.g., pronoun or name, how you dress, wear your hair or behave)?	0	1	2	3	4
15	What sex were you assigned at birth? Male/Female/Other					
16	Which of the following best describes your current gender? Gender refers to whatever gender you identify as yourself (e.g. Female/Male/Intersex/Transgender female/Transgender male/Non-binary/Gender-queer/Gender-fluid/Other)					



		Not at all confident	Not very confident	Somewhat confident	Very confident	Extremely confident
17	Do you feel confident that you will be able to lead a satisfied life with whatever gender identity you feel that you currently have?	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Developer Reference:**

Bowman, S. J., Hakeem, A., Demant, D., McAloon, J., & Wootton, B. M. (2024). Assessing Gender Dysphoria: Development and Validation of the Gender Preoccupation and Stability Questionnaire - 2nd Edition (GPSQ-2). *Journal of Homosexuality*, 71(3), 666–690.  
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