**PART 1 – PAY IT FORWARD – ABOUT ME**

1. Full Name:
2. Age:
3. Contact Information (Email/Phone):
4. Have you had any previous gender confirmation surgeries? If yes, please tell us about them.
5. How long have you been thinking about getting FFS/FMS?
6. Are you currently on hormone replacement therapy (HRT)? If yes, how long have you been on it?
7. Have you consulted with any doctors about FFS/FMS? If yes, please give us some details.
8. What are your expectations and goals for FFS/FMS? Please be specific.
9. How do you think FFS/FMS will impact your life and boost your confidence?
10. Are you comfortable with the Deschamps-Braly Clinic sharing your story with the public?

**PART 2 – PAY IT FORWARD – ABOUT MY SUPPORT FOR THE COMMUNITY**

1. Can you tell us about your involvement in the transgender community? What specific activities or initiatives have you been a part of?
2. How long have you been working, volunteering, or actively involved in uplifting the transgender community?
3. What motivated you to start or continue your involvement in supporting the transgender community?
4. Can you share any specific examples of how you have helped transgender individuals or organizations in the past? Additionally, please include any relevant information about your charity work, such as website links, videos, awards, etc.
5. Are you currently affiliated with any transgender-focused organizations or support groups? If so, what is your role and level of involvement?
6. Are you currently receiving any financial compensation for your work, or is your involvement in supporting the transgender community purely voluntary and benevolent?
7. In your efforts to help the transgender community, do you work alone or do you have a team supporting you? If you have a team, could you please provide some details about the size and roles of the team members?
8. How do you envision using your own experience and the results of the Facial Feminization Surgery (FFS) to further support the transgender community?
9. Have you received any recognition for your contributions to the transgender community? If yes, please provide details.
10. Can you describe any future plans or projects you have in mind to continue your work in supporting the transgender community?
11. How do you plan to share your experience and knowledge gained from the FFS surgery with others in the transgender community?

**PART 3 – PAY FORWARD – DETAILS FOR SURGERY**

1. Do you have flexibility in your calendar for surgery
2. Have you done thorough research on the FFS/FMS procedure, including its benefits and limitations?
3. Are you prepared for the time involved in FFS/FMS, such as travel, accommodation, and post-op care?
4. Do you have a support system in place to help you during the FFS/FMS process and recovery period?
5. Are you comfortable sharing your FFS/FMS journey publicly, like on social media or other platforms?
6. How do you plan to use the results of FFS/FMS to empower and inspire others in the transgender community?
7. Is there anything else you’d like to share or any questions you have about FFS/FMS or the selection process?