

Former Resident Pre-Survey

Please indicate your year of practice after residency training:

- First year after graduation
- Second year after graduation
- Third year after graduation
- Fourth year after graduation
- Fifth year after graduation

I am willing to provide medical care to transgender and non-binary patients.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

How important is providing gender-affirming care in the primary care setting?

- Very important
- Important
- Neutral
- Unimportant
- Very unimportant

How confident do you feel providing gender-affirming care, including hormone therapy?

- Very confident
- Confident
- Neutral
- Unconfident
- Very unconfident

How confident do you feel providing gender-affirming care, excluding hormone therapy?

- Very confident
- Confident
- Neutral
- Unconfident
- Very unconfident

How often do you care for transgender or non-binary individuals, on average?

- Never
- Once per year

Once per month
Once per week
Once per way

How many transgender or non-binary individuals do you care for in your practice (best estimate)?

Space to insert number

I received adequate training during residency in order to provide comprehensive gender-affirming care independently.

Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Did you perform any self-directed learning during your residency training in regard to providing gender-affirming care? If so, which resources did you utilize?

Yes
 ○ If yes, space to list resources
No