

Current Resident Pre-Survey

Please indicate your year of training:

House Officer I
House Officer II
House Officer III

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 day

How many transgender or non-binary individuals have you cared for during residency (best estimate)?

Space to insert number

Have you received any formal training on providing gender-affirming care?

Yes

○ If yes, please describe

No

My current training is adequate in order to provide comprehensive gender-affirming care independently upon graduation.

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Which resources do you use to provide gender-affirming care, if any? Please list all that apply.

Space to list resources