Please provide the last 5 digits of your mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Self-efficacy

On a scale of 0 (not at all confident) to 10 (completely confident), how confident are you that you can:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No at all confident |  |  |  |  |  |  |  |  |  | Completely Confident |
| Establish a patient’s preferred name and pronoun? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Obtain a transgender youth’s gender history (ie-onset of gender feelings, clothing/hair preferences)? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Take a transgender youth’s pubertal history? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Assess if a transgender youth has disclosed their transgender status to their parents? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Perform a HEADS assessment pertinent for specific issues faced by transgender youth? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Assess a transgender youth’s sexuality? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Screen a transgender youth for depression? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Provide counseling about safe methods of “chest binding” for transgender males? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Provide counseling about typical medications used to block puberty for transgender youth? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Counsel transgender males about the bodily changes that occur with taking testosterone? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Provide counsel transgender females about the bodily changes that occur with taking estrogen? | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

B. For this section of the survey, please rate how satisfied you are with the curriculum:

**From 1 very unsatisfied to 5 very satisfied**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Unsatisfied | Unsatisfied | Neutral | Satisfied | Very Satisfied |
| Overall, how satisfied are you with the quality of the standardized patient encounters? | 1 | 2 | 3 | 4 | 5 |
| Overall, how satisfied are you with the quality of the entire Transgender Youth Curriculum | 1 | 2 | 3 | 4 | 5 |

1. For this section of the survey, please indicate your level of agreement with these statements about the curriculum:

**From 1 strongly disagree to 5 strongly agree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The material presented in this curriculum will be useful to me in caring for transgender youth. | 1 | 2 | 3 | 4 | 5 |
| I expect to use the information gained from this curriculum. | 1 | 2 | 3 | 4 | 5 |