Appendix A: Electronic questionnaire for Gynecology Gender Program with example answers

New Patient Questionnaire

What is your preferred name?

Which pronouns do you prefer?

- she/her/hers
- he/him/his
- they/them/theirs
- patient's name
- decline to answer
- unknown
- not listed

Would you want to be seen in a location other than the Gyencology Clinic (DHMC 5L)?

- Yes
- No

Do you need help updating your gender identity in your health record?

- Yes
- No

What is your current gender identity?

- Female
- Male
- Transgender Female / Male-to-Female
- Transgender Male / Female-to-Male
- Other
- Choose not to disclose
- Non-conforming

What sex were you assigned at birth?

- Female
- Male
- Unknown
- Not recorded on birth certificate
- Choose not to disclose
- Uncertain

Are you sexually active?

- Yes
- No
- Prefer not to answer

I have had (please select all that apply):

Select all that apply.

- Gonorrhea
- Syphillis
- Chlamydia
- Herpes
- Genital warts
- Prefer not to answer
- None

Are you or your partner recreational or intravenous drug users?

- Yes
- No

Do you have any questions or concerns about risks for sexually transmitted diseases (STD's)?

- Yes
- No

Do you have questions about sex and relationships that you would like to discuss today?

- Yes
- No

Do you have any questions or concerns about rape or sexual or physical abuse?

- Yes
- No

Are you concerned about the amount of alcohol or drugs you and your partner use?

- Yes
- No

These questions may seem personal, but they help us in evaluating your history:

What is your sexual orientation?

- Lesbian or Gay
- Straight (not lesbian or gay)
- Bisexual
- Something else
- Don't know
- Choose not to disclose

In the past who have you had sex with?

- Men only (cisgender men and/or transgender men)
- Women only (cisgender women and/or transgender women)
- People with various gender identities, please specify
- I have not had sex

People are different in their sexual attraction to other people. Which best describes your feelings? Are you:

- Only attracted to females
- Mostly attracted to females
- Equally attracted to females and males
- Mostly attracted to males
- Only attracted to males
- Not sure
- Decline to state

If you have specific terminology that you prefer for anatomy, please include here:

If you have a uterus please answer the following questions. If not, please skip this section.

Age of first menses:

Regular?

- Yes
- No

Length between cycles:

Duration of bleeding:

Pain or cramps?

Yes No

Date of last episode of bleeding

MM/DD/YYYY

Have you ever been pregnant?

Yes No

Do you have any children?

Yes No

Have you ever had a pelvic exam?

Yes No

Date of last pap smear:

MM/DD/YYYY

Have you had any abnormal pap smears?

Yes No

If you have breasts (have not undergone a mastectomy), please answer these questions. If not, please skip this section.

Do you do self breast/chest exams?

Yes No

Date of last mammogram, if applicable:

MM/DD/YYYY

Do you have intercourse that could result in pregnancy (penile-vaginal intercourse)?

Yes No