



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual Health

This document was endorsed by the American Academy of Family Physicians.

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Preamble

A growing body of research identifies health disparities that negatively affect lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (collectively referred to as LGBTQIA+) populations. The acronym used here does not encompass all identities, which is why the "+" is added for further inclusivity. LGBTQIA+ individuals are at increased risk for experiencing mental health problems and engaging in substance use and abuse behaviors, oftentimes secondary to increased experiences of

discrimination, violence and victimization. These can all be interrelated issues. LGBTQIA+ individuals generally receive less preventive care and fewer cancer screenings, which is likely related to access barriers, such as lack of adequate health insurance coverage and discrimination in medical settings. It is particularly important for medical educators to recognize that LGBTQIA+ communities encounter unique barriers to accessing and using appropriate health services.

Historically, health needs focused on LGBTQIA+ individuals have been neglected in medical education due to lack of awareness, discomfort with the topic, time demands, lack of faculty development and lack of directed educational resources. Several studies support the position that medical education efforts regarding the health needs of LGBTQIA+ individuals improve learner attitudes and willingness to engage LGBTQIA+ patients clinically. Education has also been successful in improving knowledge about the unique care needs of LGBTQIA+ populations. Such interventions ultimately lead to improved health outcomes for LGBTQIA+ patients. This curriculum guideline provides an outline of the competencies family physicians should attain during residency training to provide high-quality care to their LGBTQIA+ patients.

Patient Care

At the completion of residency, residents should be able to:

1. Identify and recommend screening tests, perform health risk factor reduction and provide wellness support and mental health care for LGBTQIA+ patients
2. Implement LGBTQIA+ sensitive and patient-centered treatment plans, including coordinating care for common conditions by utilizing community and health systems
3. Identify key differences in the health history of LGBTQIA+ patients, including transition-related health care
 - a. Preventive screening recommendations and health risk factors for cisgender women or those assigned female at birth who have sex with women:
 - i. Tobacco use, alcohol use, stress, heart disease, Pap tests, screening for sexually transmitted infections, mammogram/chest screenings and smoking cessation
 - ii. Notable risk factors include lower rates of preventive screenings, such as Pap tests and higher rates of cigarette smoking
 - b. Preventive screening recommendations and health risk factors for cisgender men or those assigned male at birth who have sex with men:
 - i. Screenings for STIs (consider penile, rectal or throat swabs), prostate health, smoking cessation
 - ii. Consider anal Pap tests, though there is no current consensus on whether screening is cost-effective
 - c. Medical risks specific to transgender men:
 - i. Those who have a uterine cervix need Pap tests in accordance with screening recommendations

- ii. For chest cancer screening, examinations are dependent on present anatomy, type and duration of hormones being used and the presence of other breast cancer risk factors; further recommendations can be found on the Susan G. Komen website
- d. Medical risks specific to transgender women:
 - i. Those who undergo gender-affirming bottom surgery will still retain prostate tissue and need to have prostate screenings in accordance with risk-based screening recommendations
 - ii. Breast/chest cancer screening recommendations can be found on the Susan G. Komen website
- 4. Recognize differences in performing a physical examination of LGBTQIA+ patients, including breast/chest and sexual organ examination, especially in situations where the internal organs and external organs are incongruous
- 5. Recognize sensitivity and vulnerability associated when performing a physical exam for a patient experiencing gender dysphoria
- 6. Recognize that LGBTQIA+ patients may be disproportionately affected by social determinants of health and health care disparities
- 7. Identify barriers to health care and incorporate routine screenings for the individual needs of LGBTQIA+ patients

Medical Knowledge

Family medicine residents should demonstrate the ability to apply knowledge of the following:

- 1. Differences between sexual identity, orientation and behavior
- 2. Gender identity, gender presentation, assigned sex and the multiple components of biological sex
- 3. The importance of using preferred names, pronouns, sex and sexual identity terms, terminology around reproductive organs and relationship terms as determined by the LGBTQIA+ patient
- 4. Recognition that efforts to change an individual's sexual orientation are not effective or safe, are not endorsed by any major medical body and are illegal in some states
- 5. Common terminology, sexual practices and associated safer sex/risk reduction recommendations for women who have sex with women, men who have sex with men, and polyamorous, pansexual and bisexual persons
- 6. Health disparities, including health risks and health-related behaviors that disproportionately affect LGBTQIA+ individuals, caused by bigotry and phobia
- 7. Current recommendations for screening at-risk individuals for pre-exposure prophylaxis and non-occupational post-exposure prophylaxis to prevent HIV infection
 - a. Centers for Disease Control and Prevention recommendations for appropriate candidates for PrEP and nPEP usage
 - b. Knowledge of PrEP and nPEP as part of a comprehensive risk-reduction strategy

8. How and when to counsel and offer appropriate immunizations to LGBTQIA+ patients Advisory Committee on Immunization Practices
9. Current cancer and health screenings based on individual sexual behaviors and organs present
10. Current CDC-recommended STI screenings based on sexual behavior
11. Risk factors for mental health issues and substance use that disproportionately affect LGBTQIA+ patients
12. Underlying causes of mental health issues and substance use that are based in adverse childhood experiences, SDOH, systemic queerphobia and dichotomous gender biases and not inherent to being an LGBTQIA+ individual
13. Unique health care needs of transgender patients, including:
 - a. Gender-affirming treatment options (medical and nonmedical) that are in the scope of family physicians without specialist consultation based on informed consent and patient-centered care models
 - b. Controversy surrounding the mental health diagnosis of “gender dysphoria”
 - c. Developmental and psychosocial challenges of puberty and the availability of puberty-blocking medications
 - d. Mental health manifestations, consequences and treatment related to transition
 - e. Resilience strategies to cope with social stressors
 - f. Surgical options for transitioning, including common post-operative complications and follow-up issues
 - g. Various treatment recommendations, including nonmedication options and hormone therapy for gender-affirming care (e.g., Endocrine Society Clinical Practice Guidelines, World Professional Association for Transgender Health Standards of Care)
14. Counseling of LGBTQIA+ patients about reproductive options, including pregnancy prevention, adoption and fertility preservation, such as sperm banking or egg freezing
 - a. Pregnancy care for any individual who can become pregnant while being respectful of gender identity
15. Barriers to health care access faced by LGBTQIA+ individuals, including lack of familiarity among some providers and patient distrust caused by prior experience or reputation
16. Local community resources available to support LGBTQIA+ patients’ health (e.g., targeted smoking cessation programs, substance use disorder treatment, psychological support, dentists), as well as basic health care resources directed toward LGBTQIA+ individuals
17. Law, policies and insurance issues affecting LGBTQIA+ patients, including:
 - a. Health decision making
 - b. Hospital visitation rights
 - c. Health insurance policy limitations
 - d. Legality around name changes and other transgender-specific issues

Interpersonal Skills

At the completion of residency, residents should be able to:

1. Create a welcoming and supportive environment for LGBTQIA+ patients
2. Elicit information regarding the patient's gender identity, sexual orientation and identified family system
3. Respond with sensitivity and acceptance to a patient's disclosure of LGBTQIA+ status
4. Recognize how a person's sexual orientation or gender identity may impact the relationship with the patient's family of origin, spiritual support system and work experience
5. Use respectful language and appropriate terminology associated with the LGBTQIA+ population in all verbal, electronic and written communication
6. Respectfully apologize if a microaggression or macroaggression occurs
7. Demonstrate awareness of unconscious or implicit bias and how one's own beliefs may influence or negatively affect communication with and care of LGBTQIA+ patients
8. Recognize barriers to health care access specific to members of the LGBTQIA+ population and how previous negative experiences with health care providers may impact trust in current interactions
9. Proactively address concerns related to biased treatment of LGBTQIA+ patients
10. Demonstrate the ability to effectively interview and evaluate patients who are members of marginalized gender identity and/or sexual orientation communities
11. Effectively discuss psychosocial, behavioral, sexual and reproductive health issues with LGBTQIA+ patients
12. Be aware of local, state and national resources for additional patient support
13. Understand the different preventive care needs of the LGBTQIA+ community
14. Understand the importance of using preferred names, pronouns, sex and sexual identity terms, terminology around reproductive organs and relationship terms as determined by the LGBTQIA+ patient
15. Update personal identifiers in the electronic health record as appropriate and with permission from the patient
16. Use affirmed names and pronouns in documentation as appropriate and with permission from the patient
17. Recognize that the families of LGBTQIA+ individuals may include people who are not legally or biologically related
18. Recognize that research studies may have different applicability for LGBTQIA+ patients because the LGBTQIA+ community is underrepresented in medical research
19. Be aware of the mental health conditions that may disproportionately impact LGBTQIA+ patients
20. Recognize that individuals live across a gender spectrum and that the medical community should be a form of support for patients to live in the gender with which they identify
21. Promote a safe environment where patients and others involved in their care can actively engage in their care decisions

22. Assist patients and others involved in their care in locating reputable medical information on the internet and other sources
23. Discuss internet safety and protection of health information

Systems-Based Practice

At the completion of residency, residents should be able to:

1. Identify strengths, deficiencies and limits in one's knowledge and expertise of LGBTQIA+ health
2. Set learning and improvement goals related to LGBTQIA+ health
3. Participate in the education of patients, families, students, residents, clinic staff and other health professionals relating to best practices in the care of LGBTQIA+ patients
4. Use and evaluate appropriate scientific evidence to support best practices in gender-affirming care
5. Systematically analyze your practice's ability to provide high-quality gender-affirming care using quality improvement methods
6. Reflect on the intimate connection between all forms of bigotry, including racism, sexism and queerphobia
7. Reflect on one's role as a physician in political advocacy to rectify laws barring physicians from providing the highest quality care
8. Promote social justice in the health care system and work to eliminate LGBTQIA+ discrimination in health care

Practice-Based Learning

At the completion of residency, residents should be able to:

1. Understand how the institution of medicine has historically been complicit in practices of racism, sexism, queerphobia and other social power hierarchies
2. Reflect on ways that one can change these power hierarchies at a system level
3. Advocate for patients and their health rights at the local and national levels
4. Understand how biased policies lead to health inequities in the LGBTQIA+ community
5. Understand the ways in which negative social drivers of health impact health outcomes in the LGBTQIA+ community
6. Work as part of an effective and inclusive team to deliver high-quality patient care

Professionalism

At the completion of residency, residents should be able to:

1. Place the patient's interests and values above personal interests and values
2. Respect LGBTQIA+ patients' rights to autonomy
3. Appreciate the challenges faced by LGBTQIA+ health professionals, including:

- a. Stress of decision making, such as coming out to peers, colleagues and/or patients
 - b. Consequences of coming out in regards to professional advancement
 - c. Lack of mentors to offer guidance in professional issues surrounding LGBTQIA+ identity
4. Have an awareness of unconscious or implicit bias and how one's own beliefs may influence and, at times, compromise the care of LGBTQIA+ patients
5. Take steps to decrease personal implicit biases
6. Respectfully interrupt and correct inappropriate and offensive behavior directed toward LGBTQIA+ patients and their families
7. Promote social justice in the health care system and work to eliminate LGBTQIA+ discrimination in health care
8. Understand barriers to equitable care for LGBTQIA+ patients and take steps to remove barriers within the practice and community
9. Reckon with the troubling reality that practitioners in some states may be barred from providing high-quality, scientifically supported, life-saving gender-affirming care
10. Proactively address concerns related to biased treatment of LGBTQIA+ patients
11. Reflect on and reckon with medicine's historical complicity in systems of racism, sexism, queerphobia and other social power hierarchies
12. Demonstrate awareness of implicit bias, particularly in relationship to race and ethnicity

Implementation

Medical educators play a vital role in addressing health disparities for LGBTQIA+ populations by providing medically accurate, culturally appropriate education to medical students and residents. It is challenging to include this important topic in a crowded curriculum without relegating it to a position that reinforces a marginalized stance. Therefore:

1. LGBTQIA+ health curriculum should be taught during both focused and longitudinal experiences throughout the residency program. This should also be done by caring for LGBTQIA+ patients in inpatient, outpatient and didactic settings. This should be done through sessions dedicated to LGBTQIA+ care and by integrating LGBTQIA+ patients into modules and case-based education on other health topics. The latter serves to normalize LGBTQIA+ individuals as typical patients.
2. LGBTQIA+ health curriculum could include lectures, discussions, guest speaker panels, case-based didactics, elective rotations, research experiences and online modules. Multidisciplinary approaches may be advantageous.
3. Required reading lists, learner pre-assessment tests, video case reviews and standardized patient encounters (e.g., objective structured clinical examinations) may also be appropriate curricular elements.
4. A special effort should be made to ensure adequate preparation and competency evaluations related to caring for the transgender population because knowledge

about and care for transgender patients tends to be especially underrepresented in medical education and more stigmatized in society. Ideally, one or several faculty members at a residency program will become subject matter experts on this topic to guide residents as they care for transgender patients in inpatient and outpatient settings.

5. Faculty development should be made available to train those who will need to transmit competencies to learners.
6. Systems of data collection about sexual orientation and gender identity should be used to ensure adequate ability for all residents in a particular program to care for LGBTQIA+ patients, as well as to provide a means to study and thereby improve the care of these patients.
7. Clinics and programs should perform appropriate outreach to the LGBTQIA+ community to welcome patients, faculty, residents and staff.
8. Residents should be exposed to faculty and administrative leaders who exemplify and model behaviors and communication with LGBTQIA+ individuals.
9. Programs should evaluate the effectiveness of their LGBTQIA+ curriculum periodically and make appropriate improvements when necessary.

Resources

Major Organization/General

Fenway Health. <https://fenwayhealth.org/>

Gay and Lesbian Medical Association. www.glma.org/

National Coalition for LGBT Health. <https://healthlgbtq.org/>

University of California San Francisco LGBT Resource Center. <https://lgbtq.ucsf.edu/>

University of California, San Francisco School of Medicine Gender Affirming Health Program. <https://transcare.ucsf.edu/>

World Professional Association for Transgender Health. www.wpath.org

Policy Statements

AAFP LGBTQ+ Health Toolkit. www.aafp.org/family-physician/patient-care/care-resources/lgbtq.html

AAFP Care for the Transgender and Gender Nonbinary Patient. www.aafp.org/about/policies/all/transgender-nonbinary.html

American Academy of Pediatrics LGBTQ+ Health and Wellness. www.aap.org/en/patient-care/lgbtq-health-and-wellness

American College of Obstetricians and Gynecologists LGBTQIA and Gender Diverse Individuals. www.acog.org/advocacy/policy-priorities/lgbtqia-and-gender-diverse-individuals

American Medical Association Policies on Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ) Issues. www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues

American Psychological Association LGBTQ Resources and Publications. www.apa.org/pi/lgbt/resources/

American Society for Reproductive Medicine Access to Fertility Services by Transgender and Nonbinary Persons: An Ethics Committee Opinion. www.asrm.org/globalassets/asrm/practice-guidance/ethics-opinions/pdf/access_to_care_for_transgender_persons.pdf

Lambda Legal and Human Rights Campaign Creating Equal Access to Quality Health Care for Transgender Patients. https://legacy.lambdalegal.org/sites/default/files/publications/downloads/hospital-policies-2016_5-26-16.pdf

LGBT National Help Center. <https://lgbthotline.org>

The Trevor Project. www.thetrevorproject.org/

Clinical

American Association of Medical Colleges Sexual & Gender Minority Health Resources. www.aamc.org/about-us/equity-diversity-inclusion/lgbt-health-resources

American College of Obstetricians and Gynecologists Health Care for Lesbians and Bisexual Women. www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/05/health-care-for-lesbians-and-bisexual-women

American College of Obstetricians and Gynecologists Health Care for Transgender and Gender Diverse Individuals. www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals

American Counseling Association Counseling LGBTQ Adults Throughout the Lifespan. www.counseling.org/docs/default-source/default-document-library/counseling-lgbtq-adults-throughout-the-life-span-final.pdf?sfvrsn=2

Eckstrand K, Ehrenfeld JM. *Lesbian, Gay, Bisexual, and Transgender Healthcare. A Clinical Guide to Preventive, Primary, and Specialist Care*. 2018. Springer International Publishing.

National LGBTQIA+ Health Education Center.
www.lgbtqihealtheducation.org/resources/

Education

AAFP Science & Education. www.aafp.org/family-physician/patient-care/care-resources/lgbtq/science-education.html

AAFP Tools & Resources. www.aafp.org/family-physician/patient-care/care-resources/lgbtq/tools-resources.html

American Medical Association LGBTQ Health, Diversity, & Inclusion. <https://edhub.ama-assn.org/course/265>

Human Rights Campaign National LGBTQIA+ Health Education Center.
www.thehrcfoundation.org/professional-resources/the-national-lgbt-health-education-center

Data and Research

Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records: a key to ending LGBT health disparities. *LGBT Health*. 2014;1(1):34-41.

Hendricks ML, Testa RJ. A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Prof Psychol Res Pr*. 2012;43(5):460-467.

LGBT Health journal. <https://home.liebertpub.com/publications/lgbt-health/618/>

Olson KR, Durwood L, Horton R, et al. Gender identity 5 years after social transition. *Pediatrics*. 2022;150(2).

Olson KR, Durwood L, DeMeules M, et al. Mental health of transgender children who are supported in their identities. *Pediatrics*. 2016;137(3):e20153223.

Turban JL, King D, Kobe J, et al. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLOS ONE*. 2022;17(1):e0261039.

Geriatrics

American Psychological Association Lesbian, Gay, Bisexual and Transgender Aging.
<https://www.apa.org/pi/lgbt/resources/aging>

National Resource Center on LGBT Aging. www.lgbtagingcenter.org

Pediatrics

American Academy of Child & Adolescent Psychiatry. Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents. [www.jaacap.org/article/S0890-8567\(12\)00500-X/pdf](http://www.jaacap.org/article/S0890-8567(12)00500-X/pdf)

American Academy of Pediatrics. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. <https://pediatrics.aappublications.org/content/142/4/e20182162>

American Academy of Pediatrics LGBT+ Health and Wellness. www.aap.org/en/patient-care/lgbtq-health-and-wellness/

American College of Obstetricians and Gynecologists Health Care and Support for Transgender and Gender Diverse Adolescents. www.acog.org/advocacy/policy-priorities/lgbtqia-and-gender-diverse-individuals/health-care-and-support-for-transgender-and-gender-diverse-adolescents

Human Rights Campaign LGBTQ+ Youth. www.hrc.org/resources/lgbtq-youth

University of California San Francisco Center for Excellence for Transgender Health. <https://prevention.ucsf.edu/transhealth>

Gender-Affirming Care Resources

Endocrine Society Gender Dysphoria/Gender Incongruence Guideline Resources. www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence

Transequality ID Documents Needed for Name and Gender Marker Changes. <https://transequality.org/documents>

Translifeline. <https://translifeline.org>

World Professional Association for Transgender Health Standards of Care Version 8. <https://wpath.org/publications/soc8/>

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Revised 6/2014 by Ventura Family Medicine Residency Program, CA Revised August 2016 by Bayfront Health St. Petersburg, St Petersburg, FL Revised 7/2019 by Middlesex Health, Middletown, CT
Revised 7/2024 by Mayo Clinic Family Medicine Residency Program – Mankato, Mankato, MN
Revised 8/2024 by Mayo Clinic Health System, Mankato, MN

Addendum 1: Glossary of Terms*

Ally | A term used to describe someone who is actively supportive of LGBTQIA+ people. It encompasses straight and cisgender allies, as well as those within the LGBTQIA+ community who support each other (e.g., a lesbian who is an ally to the bisexual community).

Asexual | Often called “ace” for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little or conditional sexual attraction.

Biological Sex | The multiple physical aspects of sex, including chromosomes, external genitalia, secondary sexual characteristics, predominant circulating hormone levels, type and function of hormone receptors, gonads and internal reproductive organs, etc. that may or may not all align in a typical fashion due to differences (“disorders”) of sex development or due to specific medical or surgical interventions voluntarily undertaken.

Cis-gender/Cis-male/Cis-female | Terminology for a person who identifies with their sex assigned at birth.

Gender Expression | The way that a person uses appearance, mannerisms, clothing, body characteristics, voice and other personal traits to communicate their gender.

Genderqueer/Gender Non-conforming/Gender Variant/Non-Binary Gender | Terms denoting a gender identity that is not traditionally male or female but may encompass both, neither or be beyond either of these genders. Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as “genderqueer” may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Health Disparities | Unacceptable and preventable differences in health outcomes experienced by different groups of people due to the intersection of racism, sexism, queerphobia and other forms of structural discrimination and bias.

Intersex | Terminology regarding people who were born with reproductive anatomy that is not typically considered male or female. Some individuals are assigned their gender by surgical means after birth. However, these individuals may not always identify with that gender (e.g., XXY, androgen insensitivity).

LGBTQIA+ Health Disparities | Unacceptable and avoidable differences in health outcomes between members of the LGBTQIA+ community and their non-gender-queer peers due to transphobia, homophobia, queer phobia and other forms of bigotry and inequitable policy that upholds systems of oppression.

LGBTIQ+ | An acronym for “lesbian, gay, bisexual, transgender, intersex, and queer” with a “+” sign to recognize the limitless sexual orientations and gender identities used by members of the community.

MSM (Men Who Have Sex with Men) | Behaviorally based definition that may overlap with, but is distinct from, identification as gay or homosexual.

Queer | A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQIA+ movement.

Queerphobia | Fear or hatred of members of the LGBTQIA+ community – a major driver of health disparities in the United States.

Sexual Orientation | An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity.

Sex Assigned at Birth, Assigned Sex/Assigned Gender | The sex decided at birth, usually by a physician, based on examination of external genitalia, with accompanying expectations about future gender role and future gender identity most commonly associated with that sex.

Transgender Man (Preferred Term) | Terminology for a transgender person who was assigned female at birth but whose current gender identity is male and who may or may not have undergone medical or surgical treatment to make his appearance or physical characteristics more congruent with his sense of self.

Transgender Woman (Preferred Term) | Terminology for a transgender person who was assigned male at birth but whose current gender identity is female and who may or may not have undergone medical or surgical treatment to make her appearance or physical characteristics more congruent with her sense of self.

Transitioning | A series of processes that some transgender people may undergo in order to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns; medical transition, which may include hormone therapy or gender-affirming surgeries; and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all or none of these processes.

Transgender | Overarching term for those whose gender identity does not match their sex assigned at birth. Sometimes written as “trans.” It is sometimes used as a term to include cross-dressers and others who do not adhere to socially normative gender

expressions; however, the most prevalent use implies a distinct difference between sex/gender assigned at birth and current gender identity.

WSW (Women Who Have Sex with Women) | Behaviorally based definition that may overlap with, but is distinct from, identification as lesbian or homosexual.

* Definitions from the [Human Rights Campaign Glossary of Terms](#).

Addendum 2: Examples of Appropriate Questions for Forms

Example 1

What is your current gender? (Choose all that apply)

- Male
- Female
- Trans male/trans man/FTM
- Trans female/trans woman/MTF
- Genderqueer/gender non-conforming
- Other/self-defined: _____
- Prefer not to answer

What sex were you assigned at birth?

- Male
- Female
- Other/self-defined: _____
- Prefer not to answer

Which pronouns do you prefer?

- She/her
- He/him
- They/them
- Other/self-defined: _____
- Prefer not to answer

Do you think of yourself as:

- Heterosexual/straight
- Lesbian
- Gay
- Bisexual
- Queer
- Asexual
- Other/self-defined: _____
- Prefer not to answer

To whom are you sexually attracted? (Choose all that apply)

- Men
- Women
- Transgender Men
- Transgender Women
- No one
- Other/self-defined: _____
- Prefer not to answer

With whom have you ever had sexual contact? (Choose all that apply)

- Men
- Women
- Other/self-defined: _____
- Prefer not to answer

Number of partners in the past year: _____

- Men
- Women
- Other/self-defined: _____
- Prefer not to answer

Example 2

What gender do you consider yourself?

What gender or sex was recorded on your original birth certificate?

How would you label or describe your sexual orientation or identity?

In the last 24 months, with whom have you had sex?
