1. Do you think of yourself as (Check One):
	* Straight or heterosexual
	* Lesbian, gay or homosexual
	* Bisexual
	* Something else (e.g. queer, pansexual, asexual). Please specify: \_\_\_\_\_\_\_\_\_\_\_
	* Don’t know
	* Choose not to disclose, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your current gender identity (Check One):
	* Female
	* Male
	* Transgender Woman/Transgender Female
	* Transgender Man/Transgender Male
	* Additional category (e.g. non-binary, genderqueer, gender diverse or gender fluid). Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Choose not to disclose, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What sex were you assigned at birth (Check One):
	* Female
	* Male
4. Preferred pronoun (Check One):
	* He/him/his
	* She/her/hers
	* They/them/theirs
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Comfort Questionnaire

1. Some of the questions upset me
2. I didn’t understand some of the questions
3. Many of the questions are not relevant to me
4. I felt comfortable answering all questions
5. I think this information is important for my provider to know about me
6. Knowledge of sexual orientation/gender identity allows healthcare providers (e.g., doctors) to better screen for heart disease and other health care conditions
7. Patients’ discussion of sexual orientation/gender identity might impact upon specific health care needs
8. Patients’ disclosure of sexual orientation (e.g., lesbian, gay, bisexual, transgender, other) may improve communication between patient and physician and visibility in the healthcare community
9. The instructions were easy to follow
10. Filling out this form was tiring