

## PRE

I am familiar with the idea of gender-affirming hormone care in a primary care setting.

0      1      2      3      4      5

I am familiar with an informed consent model of gender-affirming hormone care.

0      1      2      3      4      5

I feel confident that I could find resources to provide gender-affirming hormone care.

0      1      2      3      4      5

I understand the difference between patients' legal names and preferred names.

0      1      2      3      4      5

I am familiar with different medication options in gender-affirming hormone care.

0      1      2      3      4      5

I am familiar with how to use a dosing guide in gender-affirming hormone care

0      1      2      3      4      5



## POST

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