

LGBTQ Center of Durham
Mental Health Provider Questionnaire

The purpose of this questionnaire is to determine your experience level, knowledge, and comfort working with LGBTQQIA individuals.

Name: _____

Practice Address: _____

Phone Number: _____ Email: _____

Fees: _____

Do you offer a sliding scale? _____

Do you accept insurance? Which ones? _____

Briefly describe your experience working with the LGBTQQIA community. (For instance, from your own practice, research, community outreach, LGBTQQIA organizations, etc.)

What areas have you worked the most within these communities?

- Coming out
- Relationships
- Interpersonal violence
- Harm reduction for substance use, safer sex practices, etc.
- Intersex issues
- Asexual issues
- Polyamory/non-monogamy issues
- Anxiety and depression
- LGBTQQIA-related trauma/PTSD
- Trans and gender nonconforming presenting concerns/populations including any of the following:
 - navigating transition and identity
 - connecting clients to community resources (support networks, etc.)
 - advocating for transfolks trying to access medical care or other services
 - gender dysphoria
 - trans youth including adolescents and children & their families
 - Other _____

What kind of specific services do you provide for the LGBTQQIA community?

- Individual therapy
- Couples therapy
- Family therapy
- Group therapy (please list what kinds of groups)
- Medication management
- Other _____

What are the age ranges you work with?

- Children Adolescents Adults Older adults

Do you know of any other LGBTQQIA community resources to which you can refer people?

- Yes No

Examples? _____

In a scale from 1 to 5 (1-not at all and 5-very), how well do you stay informed about and educated about new developments in research and practice literatures about appropriate interventions and approaches for working with LGBTQQIA individuals and their families? Mark the most appropriate answer.

1 2 3 4 5

Do you distribute or have on display brochures/pictures/posters/educational materials that promote/inform about LGBTQQIA general health and well-being, or that is inclusive of LGBTQQIA individuals and their families?

- Yes No Comments _____

Does your practice/office have gender non-specific bathrooms?

- Yes No Comments _____

Is your space physically accessible?

- Yes No Comments _____

Do you and your officemates/staff practice linguistic competence as they relate to LGBTQQIA populations (i.e. use of preferred gender pronouns, non-gender specific language)?

- Yes No Comments _____

Does your intake form include the term "relationship status" along with or instead of "marital status," the term "partner" along with "spouse" and/or "husband/wife," the option "transgender" when asking about gender?

- Yes No Comments _____

Do you offer any services in Spanish?

- Yes No

How do you identify your own sexual and gender identities?

If you are LGBTQ-identified, would you feel comfortable being listed as an LGBTQ-identified provider?

- Yes No

What was your field of study while in graduate school? _____

Thank you for taking the time to complete this questionnaire to help ensure that LGBTQQIA folks receive culturally appropriate care! When complete, please email this form to hcragg@lgbtqcenterofdurham.org.