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|  | Public Health Division  HIV Community Services Program |  |
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**Sexual Orientation and Gender Identify (SOGI) Data Collection**

**Triage or Psychosocial Screening Addendum**

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| Client name: |  |  | Date: | /    / |

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| To help us better understand your health care needs, we need to know some things about you, like your race, language, gender, and ability levels. While we hope you answer these questions, you can select "Don't know" or "Don't want to answer". Your responses are confidential. | | |
| 1. **Please describe your gender in any way you prefer:** | | |
| 1. **What is your gender?** (check all that apply): | | |
| Girl, Woman  Agender/No gender | Boy, Man  ☐ Bigender | Nonbinary  Demiboy |
| Demigirl  Questioning/Exploring  Don’t know[[1]](#footnote-1) | Genderfluid  Not listed, my gender is:  I don’t know what this question is asking[[2]](#footnote-2) | Genderqueer  I have a gender identity not listed here that is specific to my ethnicity:  Don’t want to answer |
| 1. **Are you transgender?** | | |
| Yes  No | Questioning/Exploring  Don’t know | Don’t know what this question is asking  Don’t want to answer |
| 1. **Please describe your sexual orientation or sexual identity in any way you want:** | | |
| 1. **How do you describe your sexual orientation or sexual identity?** (check all that apply) | | |
| Same-gender loving  Lesbian  Gay  Bisexual  Questioning/Exploring | Straight or heterosexual  Asexual Spectrum  Queer  Pansexual | Not listed, my sexual orientation is:  Don’t know  ☐ I don’t know what this question is asking  Don’t want to answer |
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1. “Don’t know” means the person doesn’t know (such as a caregiver answering on behalf of a child/client) [↑](#footnote-ref-1)
2. “I don’t know what this question is asking” to capture comprehension difficulties with the question and/or response options [↑](#footnote-ref-2)