



## Sexual Orientation and Gender Identify (SOGI) Data Collection Triage or Psychosocial Screening Addendum

Client name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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:**

**2. What is your gender? (check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Girl, Woman             | <input type="checkbox"/> Boy, Man   | <input type="checkbox"/> Nonbinary  |
| <input type="checkbox"/> Agender/No gender       | <input type="checkbox"/> Bigender   | <input type="checkbox"/> Demiboy  |
| <input type="checkbox"/> Demigirl                | <input type="checkbox"/> Genderfluid  | <input type="checkbox"/> Genderqueer  |
| <input type="checkbox"/> Questioning/Exploring   | <input type="checkbox"/> Not listed, my gender is:                              | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity: |
| <input type="checkbox"/> Don't know <sup>1</sup> | <input type="checkbox"/> I don't know what this question is asking <sup>2</sup> | <input type="checkbox"/> Don't want to answer   |

**3. Are you transgender?**

- |                              |  |  |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> No  | <input type="checkbox"/> Don't know            | <input type="checkbox"/> Don't want to answer                    |

**4. Please describe your sexual orientation or sexual identity in any way you want:**

**5. How do you describe your sexual orientation or sexual identity? (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Same-gender loving    | <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Not listed, my sexual orientation is:     |
| <input type="checkbox"/> Lesbian               | <input type="checkbox"/> Asexual Spectrum         | <input type="checkbox"/> Don't know                                |
| <input type="checkbox"/> Gay                   | <input type="checkbox"/> Queer                    | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Pansexual                | <input type="checkbox"/> Don't want to answer                      |
| <input type="checkbox"/> Questioning/Exploring |   |  |

<sup>1</sup> "Don't know" means the person doesn't know (such as a caregiver answering on behalf of a child/client)

<sup>2</sup> "I don't know what this question is asking" to capture comprehension difficulties with the question and/or response options

