



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

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

We ask all clients about their gender, transgender status, sex, sexual orientation and current sexual partners. This information helps to make sure we are serving the needs of our entire client population and that all clients receive the highest quality services. People's identity can change over time, that is why we ask these questions routinely to ensure we treat all people with respect and without assumptions.

**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"/> Non-binary              |
| <input type="checkbox"/> Agender/No gender           | <input type="checkbox"/> Questioning  | <input type="checkbox"/> Don't know <sup>1</sup> |
| <input type="checkbox"/> I don't want to answer      | <input type="checkbox"/> I don't know what this question is asking <sup>2</sup> |  |
| <input type="checkbox"/> Not listed. Please specify: |   |  |

**3. Are you transgender?**

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

**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"/> Same-sex loving                           | <input type="checkbox"/> Lesbian    |
| <input type="checkbox"/> Gay   | <input type="checkbox"/> Bisexual                                  | <input type="checkbox"/> Pansexual  |
| <input type="checkbox"/> Straight - attracted mainly to or only to other gender(s) or sex(s) | <input type="checkbox"/> Asexual                                   |                                     |
| <input type="checkbox"/> Queer   | <input type="checkbox"/> Questioning                               | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> I don't want to answer  | <input type="checkbox"/> I don't know what this question is asking |                                     |
| <input type="checkbox"/> Not listed. Please specify:   |  |                                     |

Note: translations in other written languages will be completed after use and testing of this form to determine best practices in conveying the same meaning and intent.

<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