In 2018 the Oregon Health Authority Office of Equity and Inclusion convened the Sexual Orientation and Gender Identity (SOGI) Data Collection Workgroup. The group consists of internal and external stakeholders who interact with the LGBTQ+ community and health systems in a myriad of ways, many of whom also identify as LGBTQ+ themselves. The group was stratified into six subcommittees, each focusing on a different level of implementation, beginning with medical settings, and then other settings involving eligibility and service settings. From this work, there were two sets of recommendations developed. These recommendations need to go through an extensive rulemaking advisory process that we hope to convene in February 2023. Note that translations in other written languages will be done later based on best practice in conveying the same meaning and intent, as well as modifications for children and teens that are age appropriate.

Figure 1 below contains five SOGI demographic questions recommended to be included for most settings, including medical/clinical settings; these are the minimum standards recommended by the committee at this time.

**Figure 1. Required Demographic Questions**

1. Please describe your gender in any way you prefer:___________________________________________________________________________

2. What is your gender? (check all that apply)
   - [ ] Girl, Woman  [ ] Boy, Man  [ ] Not listed. Please specify: _________________________
   - [ ] Non-binary  [ ] Not listed. Please specify: _________________________
   - [ ] Agender/No gender  [ ] Questioning
   - [ ] I don’t know what this question is asking  [ ] I don’t want to answer

3. Are you transgender?
   - [ ] Yes  [ ] No  [ ] Questioning
   - [ ] I don’t know what this question is asking  [ ] I 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)
   - [ ] Same-gender loving  [ ] Same-sex loving  [ ] Lesbian  [ ] Gay  [ ] Bisexual
   - [ ] Pansexual  [ ] Straight (attracted mainly to or only to other gender(s) or sex(s))
   - [ ] Asexual  [ ] Queer  [ ] Questioning  [ ] Don’t know
   - [ ] Not listed. Please specify: _________________________
   - [ ] I don’t know what this question is asking  [ ] I don’t want to answer

1 “Don’t know” means the person doesn’t know (such as a parent answering for a child); “I don’t know what this question is asking” more to capture comprehension difficulties with the question and/or response options.

Figure 2 has a menu of recommendations with the goal of respectful communications for data-matching/verifications that might occur in systems involving insurance and or eligibility for services. These questions may be required if applicable to the specific data system or programmatic requirements.
### Names

1. What full name do you want us to use? (Text field) _______________________

   Is this your legal name?  
   - [ ] Yes  
   - [ ] No  
   If not, please list your legal name: _______________________

   *This question format may be suitable for clinical/medical settings involving insurance and billing*

1b. Are there any other names we should know about, such as on your insurance card?

   - [ ] Check here if there are other names we should know about
     
   - Legal name: _______________________
     
   - Name on insurance card: _______________________
   - Name on billing record: _______________________
   - Name on relevant previous medical records: _______________________
   - Name on other relevant records (Please specify): _______________________

### Pronouns and Titles

2. What pronouns do you want us to use? (select all that apply)

   - [ ] They/Them  
   - [ ] She/Her  
   - [ ] He/Him  
   - [ ] No pronouns, use my name  
   - [ ] Don’t know

   Only ask the below question if the organization specifically uses titles (e.g., in correspondence)

3. What title want us to address you by?

   - [ ] Mx.
   - [ ] Ms.
   - [ ] Miss
   - [ ] Mrs.
   - [ ] Mr.
   - [ ] Please use my name and no titles  
   - [ ] Don’t know

   Sex- It is anticipated that if you need to ask about sex (not gender) you will probably just need to ask 1 or 2 of the questions below – depending on WHY you need this information.

4. When you were born what sex was assigned to you? (Pick one)

   - [ ] Male  
   - [ ] Female  
   - [ ] Intersex  
   - [ ] Unspecified  
   - [ ] Not listed. Please specify: _______________________

5. What is your current legal sex in your state? (Pick one) (OR simply: What is your current sex?)

   - [ ] Male  
   - [ ] Female  
   - [ ] X  
   - [ ] Intersex  
   - [ ] Non-binary  
   - [ ] Unspecified  
   - [ ] Not listed. Please specify: _______________________

   If you need to verify or match based on a state-issued ID:

6. Do you have a state-issued ID?

   - [ ] No  
   - [ ] Yes. If yes, please specify state associated with ID: _______________________

   6b. If Yes, what is the sex on your state-issued ID?

   - [ ] F – Female  
   - [ ] M – Male  
   - [ ] X -Non-Binary  
   - [ ] U - Unspecified  
   - [ ] Not listed. Please specify: _______________________

   If you are using sex to verify identity with the SSA and/or cannot report a response other than M/F then:

7. For federal reporting purposes if we were only given a binary option of M (Male) or F (Female), which one would you like us to use?

   - [ ] Female  
   - [ ] Male

   OR: We respect and honor your gender. We use federal data to verify your information, like what you use for social security or on your passport. They only offer two options – male or female. Please select the sex that matches your current federal information.

   - [ ] Female
   - [ ] Male

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1 “Don’t know” means the person doesn’t know (such as a parent answering for a child); “I don’t know what this question is asking” more to capture comprehension difficulties with the question and/or response options.

2 Note that sex is not necessarily the same across different government reporting systems. Just because SSA says “this” does not mean that Selective Service agrees. This question should be tailored to match the verification system(s) used (if applicable).
Appendix A includes additional questions for medical settings following best practices but are not suggested to required data collection elements sent to OHA.

**Appendix A: Best Practice Recommendations to Assure Quality Medical Care**

**SEXUAL HEALTH**
1. Are you sexually active? Yes□ No □
   If No, have you been sexually active in the past year? Yes□ No □
2. If yes to question 7: Are your sexual partners (Check all that apply):
   □ A person with a penis
   □ A person with a vagina
   □ A person with intersex genitalia
   □ A person who had genital reassignment surgery
   □ Don’t know
   □ I don’t know what this question is asking
   □ I don’t want to say

**YOUR BODY**
3. Are you (Check all that apply):
   □ A person with breasts
   □ A person with a cervix
   □ A person with ovaries
   □ A person with a uterus
   □ A person with a vagina
   □ A person with a penis
   □ A person with a prostate
   □ A person with testes
   □ A person with intersex genitalia
   □ A person who had genital reassignment surgery
   □ Don’t know
   □ I don’t know what this question is asking
   □ I don’t want to say

AND provide comment box so that person is also asked by the clinician about terms they would prefer for their body parts.

**D. TRANS HEALTH**
4. Are you currently taking gender-affirming hormones and/or hormone blockers? Yes□ No □
   If you are not currently taking hormones, are you interested in starting hormones? Yes□ No □
4b. If Yes to Question 4: When did you start? _______
    What is your current dose and frequency? ______
5. Have you experienced any complications with hormones? Yes□ No □ Not Applicable □
5b. If yes to Question 11, what complications have you had? _________________
   What questions or concerns do you have about starting gender-affirming hormones?
   __________________________________________________________________
6. Have you had any other gender-affirming surgeries/treatments in the past? Yes□ No □
   If Yes, which ones? __________
6b. If Yes to Question 6: Have you experienced any complications with gender-affirming surgeries/treatments? Yes□ No □
   If Yes, what complications have you had? __________
   If Yes, have you would you like to speak with someone with expertise in complications for this kind of surgery? Yes□ No □