

Opera Release Notes

System Update – Wednesday, September 15, 2021

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Questions? Contact your Organization Administrator or Opera.Support@dhsosha.state.or.us
9/15/2021

Changes to SOGI Questions

SOGI questions and answer options were changed.

- **Question label changed:**
From – “How do you describe your gender?”
To – “Please describe your gender in any way you prefer:”
- **Question label changed:**
From – “How do you describe your sexual orientation or sexual identity?”
To – “Please describe your sexual orientation or sexual identity in any way you want:”
- **Question label changed:**
From – “What is your sexual orientation or sexual identity? (Check all that apply)”
To – “How do you describe your sexual orientation or sexual identity? (Check all that apply)”
- **Removed answer options** “Feminine leaning”, “Masculine leaning”, and “Non-binary” from the question “What is your gender?”
- **Added answer option** “Same-sex loving” to the question “How do you describe your sexual orientation or sexual identity?”
- **Changed answer option** “Straight” to “Straight (attracted mainly to or only to other gender(s) or sex(s))”

Race	Language	Disability	SOGI
Sexual Orientation and Gender Identity			Note: SOGI questions are related to a Case.
What first and last name do you want to use? <input type="text"/> <input type="button" value="Same as Case Name"/>			
What pronouns do you use? (Check all that apply)		Are you transgender?	
<input type="checkbox"/> She/Her <input type="checkbox"/> No pronouns, use my name		<input type="checkbox"/> Yes	
<input type="checkbox"/> He/Him <input type="checkbox"/> Not listed. Please specify:		<input type="checkbox"/> No	
<input type="checkbox"/> They/Them <input type="checkbox"/> Don't know		<input type="checkbox"/> Not listed. Please specify:	
<input type="checkbox"/> Ella <input type="checkbox"/> I don't know what this question is asking		<input type="checkbox"/> Don't know	
<input type="checkbox"/> Él <input type="checkbox"/> I don't want to answer		<input type="checkbox"/> I don't know what this question is asking	
<input type="checkbox"/> Elles		<input type="checkbox"/> I don't want to answer	
Please describe your gender in any way you prefer: <input type="text"/> <input <="" td="" type="button" value="?"/> <td colspan="2">How do you describe your sexual orientation or sexual identity? (Check all that apply)</td>		How do you describe your sexual orientation or sexual identity? (Check all that apply)	
What is your gender? (Check all that apply)		<input type="checkbox"/> Same-gender loving	
<input type="checkbox"/> Woman/Girl <input type="checkbox"/> I don't know what this question is asking		<input type="checkbox"/> Same-sex loving	
<input type="checkbox"/> Man/Boy <input type="checkbox"/> I don't want to answer		<input type="checkbox"/> Lesbian	
<input type="checkbox"/> Agender/No Gender		<input type="checkbox"/> Gay	
<input type="checkbox"/> Questioning		<input type="checkbox"/> Bisexual	
<input type="checkbox"/> Don't know		<input type="checkbox"/> Pansexual	
<input type="checkbox"/> Not listed. Please specify:		<input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(s))	
Please describe your sexual orientation or sexual identity in any way you want: <input type="text"/>		<input type="checkbox"/> Asexual	
		<input type="checkbox"/> Queer	
		<input type="checkbox"/> Questioning	
		<input type="checkbox"/> Don't know	
		<input type="checkbox"/> Not listed. Please specify:	
		<input type="checkbox"/> I don't know what this question is asking	
		<input type="checkbox"/> I don't want to answer	

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