

Sexual Orientation Gender Identity (SOGI)

Data Collection

As part of your intake process, please fill out all of the mandatory SOGI questions.

Date:

1. What is your preferred name?
2. What is your sexual orientation?
 - a. Straight or heterosexual
 - b. Lesbian, gay, or homosexual
 - c. Bisexual
 - d. Queer
 - e. Asexual
 - f. Don't know/Decline to answer
 - g. Another
 - i. If another, please state:
3. What is your current gender identity?
 - a. Male
 - b. Female
 - c. Female to Male/Transgender Male
 - d. Male to Female/Transgender Female
 - e. Genderqueer not exclusive to male/female
 - f. Decline to answer
 - g. Another
 - i. If another, please state:
4. What are your pronouns?
 - a. He/Him
 - b. They/Them
 - c. She/Her
 - d. Another
 - i. If another, please state:
5. What sex were you assigned at birth on your original birth certificate?
 - a. Male
 - b. Female
 - c. Decline to answer
 - d. Another
 - i. If another, please state:
6. Have you been diagnosed by a Doctor with an intersex condition?
 - a. Yes
 - b. No
 - c. Decline to answer