



### SOGI Data Collection Form

Sexual Orientation and Gender Identity data shall be collected for all Department of Behavioral Health (DBH) clients, by clinical staff, during face-to-face or telehealth encounter with client, and uploaded into DBH Electronic Health Record system.

First Name	Last Name	Date of Birth
Client ID	Program Assignment	

What is your preferred name?	
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What is your sexual orientation?			
Straight or Heterosexual		Lesbian, Gay, or Homosexual	
Bisexual		Asexual	
Pansexual		Questioning/Unsure of Sexual Orientation	
Prefer not to answer		Did not ask	
Not listed (Please specify)			

What is your gender identity?			
Male		Female	
Female to Male/Transgender Male		Male to Female/Transgender Female	
Gender non-binary		Questioning/Unsure of Gender Identity	
Prefer not to answer		Did not ask	
Not listed. (Please specify)			

What are your pronouns?			
He/Him		She/Her	
Another		Prefer not to answer	
Not listed. (Please specify)			

What sex were you assigned at birth on your original birth certificate?			
Male		Female	
Prefer not to answer		Did not ask	