

## Sexual Orientation and Gender Identity Questionnaire

To ensure we provide inclusive and patient-centered care to all our patients, we ask every new and existing patient the following questions. These questions became required data items to be collected across all health centers in the Uniform Data System (UDS) in 2016.

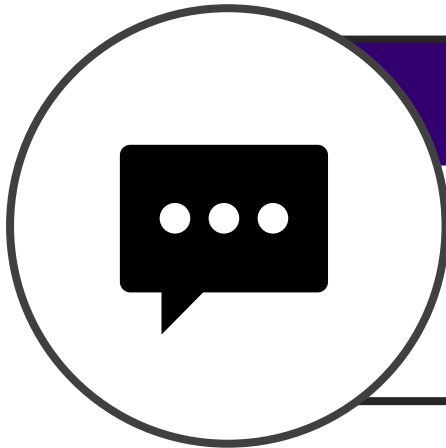
By capturing your pronouns and preferred name, we can be sure to address you properly and respectfully throughout your healthcare experience. Please complete both sides



What name would you like staff to use during your visit? This name will be used out loud.

Please call me:

\_\_\_\_\_



What pronoun(s) should we use to refer to you? (Select all that apply)

She/Her

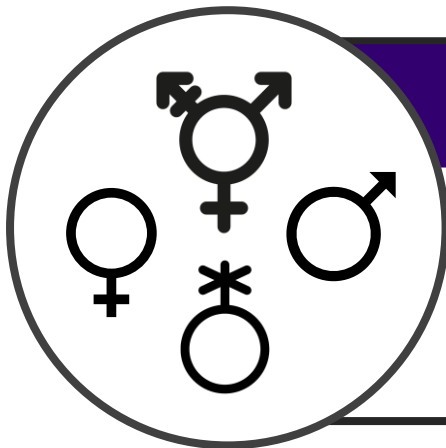
Use my name

He/Him

Another not listed:

They/Them

\_\_\_\_\_



What is your current gender identity? (Select all that apply)

Female

Transgender Woman/ Transfeminine

Male

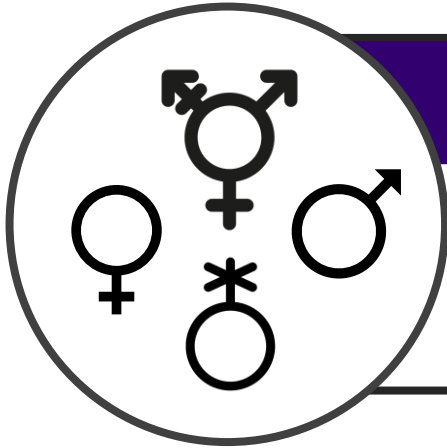
Transgender Man / Transmasculine

Cisgender

Non-Binary

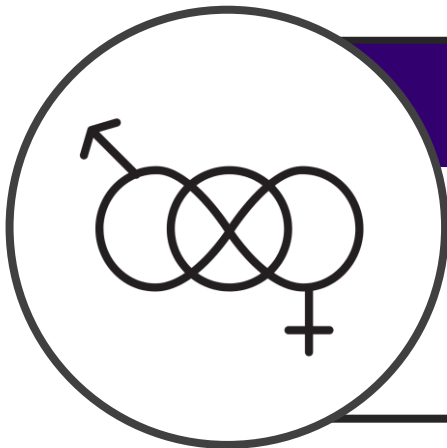
Another Not Listed: \_\_\_\_\_

# Sexual Orientation and Gender Identity Questionnaire



What is your sex assigned at birth, on your original birth certificate?

Female                      Male                      X  
Uncertain                      Unknown



What is your sexual orientation?  
(Select all that apply)

Lesbian or Gay      Straight or Heterosexual  
Queer                      Bisexual or Pansexual  
Asexual                      Currently Questioning  
Another not listed: \_\_\_\_\_



We currently assign rooms based on gender, and most of our rooms are shared. Please tell us where you are most comfortable receiving care. (Select all that apply)

Female Designated Room  
Male Designated Room  
Private Room (if available)