

Sexual Orientation and Gender Identity Questionnaire

Why am I being asked these questions?

Washington State law (RCW 43.70. 052(6) and WAC 246-455-025) mandates that all hospitals including University of Washington Medicine, collect Sexual Orientation and Gender Identity (SOGI) as part of patient demographic data. To ensure we provide inclusive 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.

All demographic data is stored as confidential in your patient medical records and you have access to update this data through MyChart at any time. You have the right to decline answering any demographic data information.

1. What is your Name in Use? _____

Name in Use may differ from your Legal Name, and this will be the name by which our staff will refer to you throughout your visit.

2. What are your pronoun(s)? *please select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> She/Her/Hers | <input type="checkbox"/> They/She |
| <input type="checkbox"/> He/Him/His | <input type="checkbox"/> They/He |
| <input type="checkbox"/> They/Them/Theirs | <input type="checkbox"/> Use my Name |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Choose not to disclose |

3. What is your current gender identity? *please select all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Agender | <input type="checkbox"/> Man |
| <input type="checkbox"/> Bigender | <input type="checkbox"/> Nonbinary |
| <input type="checkbox"/> Cisgender Man | <input type="checkbox"/> Transgender Woman |
| <input type="checkbox"/> Cisgender Woman | <input type="checkbox"/> Transgender Man |
| <input type="checkbox"/> Demiboy | <input type="checkbox"/> Two Spirit |
| <input type="checkbox"/> Demigirl | <input type="checkbox"/> Gender not listed above, please specify _____ |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Currently questioning |
| <input type="checkbox"/> Gender Fluid | <input type="checkbox"/> Choose not to disclose |
| <input type="checkbox"/> Genderqueer | |

Survey continued on other side...

4. What sex were you assigned at birth? Please select one
The sex on your original birth certificate

- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Not recorded on birth certificate |
| <input type="checkbox"/> Male | <input type="checkbox"/> Uncertain |
| <input type="checkbox"/> Variations of Sex Development/Intersex | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Choose not to disclose |

5. Which of the following best represents how you think of your sexual orientation? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Currently Questioning |
| <input type="checkbox"/> Pansexual/Bi+ | <input type="checkbox"/> Choose not to disclose |

6. In the event of an overnight hospital stay where a private room is unavailable, kindly specify your preferred location for receiving care in a shared room by selecting all applicable options.

- Female Designated Room
- Male Designated Room
- Gender Diverse Room