



# Confidential SOGIE Questionnaire

Youth Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Admin Point (circle): Program Entry / 6 month / 12 month / 18 month / 24 month / 30 month / 36 month

Completed by (circle): Staff / Client

**What is SOGIE?** SOGIE is an acronym for Sexual Orientation, Gender Intity, and Gender Expression. Everybody has one!

**Why SOGIE?** These are questions about how youth see themselves. We know everyone is unique, but have not always been good at talking about or identifying uniqueness. This survey is one way to learn how to best support you.

**We ask about SOGIE during every outcome meeting because sometimes SOGIEs change over time.**

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## Questions (please check all that apply)

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| <p>1) Do you identify as female, male, transfemale, transmale, or another way?</p> <p><input type="checkbox"/> Female (1.1)</p> <p><input type="checkbox"/> Male (1.2)</p> <p><input type="checkbox"/> Transfemale (1.3)</p> <p><input type="checkbox"/> Transmale (1.4)</p> <p><input type="checkbox"/> Another way (1.5): _____</p> <p>2) At birth, were you assigned female or male, or <u>were you assigned a different identity (e.g., intersex)?</u></p> <p><input type="checkbox"/> Female (2.1)</p> <p><input type="checkbox"/> Male (2.2)</p> <p><input type="checkbox"/> A different identity (2.3)</p> <p>3) How do you feel most comfortable dressing?</p> <p><input type="checkbox"/> Clothing typically viewed as Feminine (3.1)</p> <p><input type="checkbox"/> Clothing typically viewed as Masculine (3.2)</p> <p><input type="checkbox"/> Both; it depends on your mood that day (3.3)</p> <p>4) In relation to your gender identity, do you have a preferred name and/or gender pronoun/label? (he, she, they, etc...)</p> <p><input type="checkbox"/> No (4.1)</p> <p><input type="checkbox"/> Yes (4.2): _____</p> | <p>5) Who are you typically sexually attracted to or would like to date?</p> <p><input type="checkbox"/> Females (5.1)</p> <p><input type="checkbox"/> Males (5.2)</p> <p><input type="checkbox"/> Males &amp; Females (5.3)</p> <p><input type="checkbox"/> Nobody (5.4)</p> <p><input type="checkbox"/> Other (5.5): _____</p> <p>6) Are you gay, lesbian, bisexual, queer, questioning, straight, or identify in some other way?</p> <p><input type="checkbox"/> Gay (6.1)</p> <p><input type="checkbox"/> Lesbian (6.2)</p> <p><input type="checkbox"/> Bisexual (6.3)</p> <p><input type="checkbox"/> Queer (6.4)</p> <p><input type="checkbox"/> Questioning (6.5)</p> <p><input type="checkbox"/> Straight (6.6)</p> <p><input type="checkbox"/> Pansexual (6.7)</p> <p><input type="checkbox"/> Another category (6.8): _____</p> |
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*Adapted from Cipolla-Stickles, A. (2014). SOGIE Questionnaire & SOGIE PDSA Instructions for Child Welfare Supervisors. Children & Families Division, Alameda County Social Services. The National Council on Crime & Delinquency, Oakland, CA.*