

# SEXUAL ORIENTATION AND GENDER IDENTITY ASSESSMENT IN LGBTI+ ASYLUM SEEKERS AND REFUGEES

This assessment instrument is intended to assist mental health clinicians obtain a detailed picture of sexual orientation and gender identity (SOGI) in LGBTI+ asylum seekers and refugees. Clinicians are encouraged to use this instrument to document changes in SOGI over time. It is intended to be used as a part of a comprehensive mental health evaluation.

Clinicians are encouraged to mark all options that apply and utilize the additional comments section as needed.

|   | Timeline   |  |  |  |  |
|---|--|--|--|--|--|
|   | In country of origin before 18   | In country of origin starting at age 18  | On arrival to U.S.   | 1 year after arrival to U.S.   | Today  |
| <b>Sexual Orientation Identity</b>  |  |  |  |  |  |
| Which of the following best describes your <i>sexual orientation</i> ?<br><br>Please circle all that apply. | <input type="checkbox"/> Heterosexual (Straight)<br><input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Asexual<br><input checked="" type="checkbox"/> Questioning<br><input type="checkbox"/> Other   | <input type="checkbox"/> Heterosexual (Straight)<br><input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Asexual<br><input checked="" type="checkbox"/> Questioning<br><input type="checkbox"/> Other   | <input type="checkbox"/> Heterosexual (Straight)<br><input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Asexual<br><input checked="" type="checkbox"/> Questioning<br><input type="checkbox"/> Other   | <input type="checkbox"/> Heterosexual (Straight)<br><input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Asexual<br><input checked="" type="checkbox"/> Questioning<br><input type="checkbox"/> Other   | <input type="checkbox"/> Heterosexual (Straight)<br><input type="checkbox"/> Lesbian<br><input type="checkbox"/> Gay<br><input type="checkbox"/> Bisexual<br><input type="checkbox"/> Asexual<br><input checked="" type="checkbox"/> Questioning<br><input type="checkbox"/> Other   |
| <b>Sexual Attraction and Experiences</b>  |  |  |  |  |  |
| To whom are you <i>physically attracted</i> ?<br><br>Please circle all that apply.                          | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other |
| With whom have you <i>thought or fantasized about having sex</i> ?<br><br>Please circle all that apply.     | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Other |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <p>With whom have you had <i>consensual sexual contact</i>?</p> <p>Please circle all that apply.</p> | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> None<br><input type="checkbox"/> Other | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> None<br><input type="checkbox"/> Other |
|--|---|---|---|---|---|

|  | Timeline  |   |   |   |   |
|--|---|---|---|---|---|
|  | In country of origin before 18 years old  | In country of origin after 18 years old   | On arrival to U.S.  | 1 year after arrival to U.S.  | Today   |
| <b>Sexual Expression and Community</b>   |   |   |   |   |   |
| Have you felt that you are able to fully express your sexual orientation in <i>private or LGBTI+ spaces</i> ?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  |
| Have you felt that you are able to fully express your sexual orientation in <i>predominately heterosexual and cisgender spaces</i> ?                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  |
| If you marked " <b>No</b> " for either of the two previous questions, please specify the particular settings in which you do not feel able to express your identity: |   |   |   |   |   |
| <b>Emotional/Romantic Preference(s)</b>  |   |   |   |   |   |
| Toward whom have you <i>had a crush or romantic feelings</i> ?<br><br>Please circle all that apply.  | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> None<br><input type="checkbox"/> Other<br><hr/>  | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> None<br><input type="checkbox"/> Other<br><hr/>  | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> None<br><input type="checkbox"/> Other<br><hr/>  | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> None<br><input type="checkbox"/> Other<br><hr/>  | <input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Transgender Men<br><input type="checkbox"/> Transgender Women<br><input type="checkbox"/> Gender Non-Binary Individuals<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> None<br><input type="checkbox"/> Other<br><hr/>  |
| <b>Sex Assigned at Birth</b>   |   |   |   |   |   |
| Please identify your <i>sex assigned at birth</i> .  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male<br><input type="checkbox"/> Intersex   |   |   |   |   |
| <b>Gender Identity</b>   |   |   |   |   |   |
| Which of the following best describes your <i>personal gender identity</i> ?<br><br>Please circle all that apply.  | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Transitioning<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Other<br><hr/>        | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Transitioning<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Other<br><hr/>        | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Transitioning<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Other<br><hr/>        | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Transitioning<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Other<br><hr/>        | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Transitioning<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> Other<br><hr/>        |
| How do you describe your gender identity to <i>LGBTI+-identifying people</i> ?<br><br>Please circle all that apply.  | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other<br><hr/> | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other<br><hr/> | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other<br><hr/> | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other<br><hr/> | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other<br><hr/> |

|  | Timeline   |  |  |  |  |
|--|--|--|--|--|--|
|  | In country of origin before 18   | In country of origin after 18  | On arrival to U.S.   | 1 year after arrival to U.S.   | Today  |
| How do you describe your gender identity to <i>heterosexual and/ or cis-gender-identifying people</i> ?<br><br>Please circle all that apply.                         | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Woman<br><input type="checkbox"/> Man<br><input type="checkbox"/> Transgender Man<br><input type="checkbox"/> Transgender Woman<br><input type="checkbox"/> Intersex<br><input type="checkbox"/> Gender Non-Binary<br><input type="checkbox"/> Questioning<br><input type="checkbox"/> I do not disclose it<br><input type="checkbox"/> Other _____ |
| <b>Gender Expression and Community</b>   |  |  |  |  |  |
| Have you felt that you are able to fully express your gender identity in <i>private or LGBTI+ spaces</i> ?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   |
| Have you felt that you are able to fully express your gender identity in <i>predominately heterosexual and cisgender spaces</i> ?                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure   |
| If you marked " <b>No</b> " for either of the two previous questions, please specify the particular settings in which you do not feel able to express your identity: |  |  |  |  |  |
| <b>Socializing</b>   |  |  |  |  |  |
| With whom do you feel <i>most comfortable socializing</i> ?<br><br>Please circle all that apply.   | <input type="checkbox"/> Heterosexuals<br><input type="checkbox"/> Lesbians<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexuals<br><input type="checkbox"/> Transgender People<br><input type="checkbox"/> Gender Non-Binary People<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> Heterosexuals<br><input type="checkbox"/> Lesbians<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexuals<br><input type="checkbox"/> Transgender People<br><input type="checkbox"/> Gender Non-Binary People<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> Heterosexuals<br><input type="checkbox"/> Lesbians<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexuals<br><input type="checkbox"/> Transgender People<br><input type="checkbox"/> Gender Non-Binary People<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> Heterosexuals<br><input type="checkbox"/> Lesbians<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexuals<br><input type="checkbox"/> Transgender People<br><input type="checkbox"/> Gender Non-Binary People<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> Heterosexuals<br><input type="checkbox"/> Lesbians<br><input type="checkbox"/> Gay Men<br><input type="checkbox"/> Bisexuals<br><input type="checkbox"/> Transgender People<br><input type="checkbox"/> Gender Non-Binary People<br><input type="checkbox"/> Other _____  |
| <b>Additional Comments</b>   |  |  |  |  |  |
| Please utilize this space as an opportunity to share more about the evolution of your sexual and/or gender identity.   |  |  |  |  |  |

**Preferred First Name:** \_\_\_\_\_ **Preferred Last Name:** \_\_\_\_\_

**Legal First Name:** \_\_\_\_\_ **Legal Last Name:** \_\_\_\_\_

**Clinician name:** \_\_\_\_\_ **Date:** \_\_\_\_\_