

Alternate ID: _____

First Name _____ Last Name _____

Enrollment Date (mm/dd/yyyy) _____
(Date client profile created in DAISEY)

Date of Birth (mm/dd/yyyy) _____

What sex were you assigned at birth on your original birth certificate? (Select one)

- Female
- Male
- Choose not to disclose

Gender Identity (Select one)

- Male
- Female
- Female-to-Male (FTM)/ Transgender Male/ Trans Male
- Male-to-Female (MTF)/ Transgender Female/ Trans Woman
- Other
- Identifies as neither exclusively male nor female
- Choose not to disclose
- Unknown

Race (Select all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Unknown/Not Reported

Ethnicity (Select One)

- Hispanic or Latino
- Not Hispanic or Latino
- Not Reported

Primary Language (Select one)

- English
- Spanish
- Other

Specify Other Language _____

Limited English Proficiency? (Select One)

- Yes
- No
- Unknown/Not Reported

Sexual Orientation (Select One)

- Bisexual
- Lesbian, gay, or homosexual
- Straight or heterosexual
- Other, Something else
- Unknown
- Asked, but unknown