1. Sex assigned at birth

\_1. Male

\_2. Female

\_90. A sex that is not listed. *Please specify* \_\_\_\_\_

\_93. Not sure

\_97. Prefer not to answer

1. Gender Identity

\_1. Male

\_2. Female

\_3. Transgender female

\_4. Transgender male

\_90. A gender identity that is not listed. *Please specify* \_\_\_\_\_

\_93. Not sure

\_97. Prefer not to answer

1. Sexual Orientation

\_1. Lesbian or gay

\_2. Straight

\_3. Bisexual

\_90. A sexual orientation that is not listed. *Please specify* \_\_\_\_\_

\_93. Not sure

\_97. Prefer not to answer

*Refrain from providing participants the following information:*

Reference

Centers for Medicare & Medicaid Services. (n.d.). SOGI questions on the Marketplace application. U.S. Department of Health & Human Services. https://www.cms.gov/files/document/sogi-questions-marketplace-application.pdf