**SOGI Content Followup Questions: In- and Out-Bound Telephone (English only)**

For the 2024 Sexual Orientation and Gender Identity (SOGI) Content Test, the Content Followup (CFU) reinterview will ask a subset of the questions from SOGI self-response.

*Table 1. Screens in Scope for CFU-Telephone (excluding SOGI questions)*

|  |  |
| --- | --- |
| Name | Question |
| CALLSOURCE | Is this an outgoing call or an incoming call? |
| **T\_CATIRESP** | May I speak with (**target** respondent name)? |
| LOCATINGRESP | May I speak to someone at least 15 years old who is knowledgeable about the household at (address) and the people in that household? |
| RESPONDENTLINE | **Thank you for calling in response to our letter. My name is…**  **Please confirm your full name.** |
| SUPERVISOROUT | Informing respondent that a supervisor may be listening. |
| SUPERVISORIN | Informing respondent that a supervisor may be listening.  **Removing: “Thank you for returning our call.**  **This call is about a Census Bureau survey that you or someone in your household recently completed.”** |
| BASIC | Now I would like to ask you some basic questions about... |
| DOBM | Month of birth |
| DOBD | Day of birth |
| DOBY | Year of birth |
| DOBA | Confirm age |
| AGEASK | Best estimate of age |
| AGERANGE | Age range |
| HISA | (Are you/Is Name) of Hispanic, Latino, or Spanish origin? |
| HISB | (Are you/Is Name) Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or some other Hispanic, Latino, or Spanish origin; for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.? |
| HISW | What is that origin? |
| RACT | (Are you/Is Name) White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race? |
| RAC\_WI\_WHT | What are (your/Name's) White origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc. |
| RAC\_WI\_BLK | What are (your/Name's) Black or African American origin or origins? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. |
| RAC\_WI\_AIAN | What are (your/Name's) American Indian or Alaska Native enrolled or principal tribe or tribes? For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. |
| RCWAG | (Are you/Is Name) Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?" |
| RAC\_WI\_ASN | What are those other Asian origin or origins? For example, Pakistani, Cambodian, Hmong, etc. |
| RCWPG | (Are you/Is Name) Native Hawaiian, Samoan, Chamorro, or of some other Pacific Islander origin?" |
| RAC\_WI\_NHPI | What are those other Pacific Islander origin or origins? For example, Tongan, Fijian, Marshallese, etc. |
| RAC\_WI\_SOR | What is (your/Name's) other race or origin? |
| POBST | Where were you born? |
| POBFOR | In what country (was Name/were you) born? |
| POBFOR\_SP | Enter the country or foreign place name. |
| SCHL | Using this list, what is the highest degree or level of school (you have/Name has) completed? |
| SCHLVOC | Other than the vocational or technical license, what is the highest degree or level of school (you have/Name has) completed? |
| HICEMPLOYER | (Are you/Is Name) currently covered by health insurance through a current or former employer or union of (you or another family member)? |
| HICDIRECT | (Are you/Is Name) currently covered by health insurance purchased directly from an insurance company by (you or another family member)? |
| HICMEDICARE | (Are you/Is Name) currently covered by Medicare, for people age 65 or older or people with certain disabilities? |
| HICMEDICAID | (Are you/Is Name) currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability? |
| HICMILITARY | (Are you/Is Name) currently covered by TRICARE or other military health care? |
| HICVA | (Are you/Is Name) currently covered through the VA or enrolled for VA health care? |
| HICINDIAN | (Are you/Is Name) currently covered through the Indian Health Service? |
| HICOTHER | (Are you/Is Name) currently covered by any other health insurance or health coverage plan? |
| OTHERHIC1 | What is the name of the health care plan? |
| MAR | (Are you/Is Name) married, widowed, divorced, separated, or never married? |
| MARHIS1 | In the past 12 months, did (you/Name) get married? |
| MARHIS2 | In the past 12 months, did (you/Name) become a (widow/widower)? |
| MARHIS3 | In the past 12 months, did (you/Name) get divorced? |
| NUMMAR | How many times (have you/has Name) been married? Is that once, twice, or three or more times? |
| MARYR | In what year did (you/Name) (get/last get) married? |
| EARNX | Did (you/Name) receive any wages or salary? |
| EARN | How much did (you/Name) receive in wages and salary from all jobs before taxes and other deductions? |
| TIPSX | Did (you/Name) receive any (additional) tips, bonuses or commissions DURING THE PAST 12 MONTHS? |
| TIPS | How much did (you/Name) receive in tips, bonuses, or commissions from all jobs before taxes and other deductions? |
| T\_RELSHIP | How (are you/is Name) related to (you/HHoldername)? (You are/Name is) (HHoldername's)… |
| DEAR | (Are you/Is Name) deaf or (do you/do they) have serious difficulty hearing? |
| DEYE | (Are you/Is Name) blind or (do you/do they) have serious difficulty seeing even when wearing glasses? |
| DREM | Because of a physical, mental, or emotional condition (do you/does Name) have serious difficulty concentrating, remembering, or making decisions? |
| DWALK | (Do you/Does Name) have serious difficulty walking or climbing stairs? |
| DDRESS | (Do you/Does Name) have difficulty dressing or bathing? |
| DERRAND | Because of a physical, mental, or emotional condition, (do you/does Name) have difficulty doing errands alone such as visiting a doctor's office or shopping? |
| FER | In the PAST 12 MONTHS, (have you/has Name) given birth to any children? |
| THANKYOU | Thank respondent after completing sections 2-4 |
| FINISH | F10 / Exit tab – screen for exiting incomplete case |
| CFULANGUAGE | Language used for interview |
| OTHERBE1 | Specific unlisted language used |
| SHOW CTRL | Control codes pass to WebCATI |
| SHOW ROS | Household roster to pass to WebCATI |

Note: Telephone CFU for the SOGI test will use the same front/back as CFU from the 2022 Content Test, with the exceptions noted in bold.

*Table 2. SOGI Question Wording for CFU-Telephone*

| Topic | Treatment 1 | Treatment 2 |
| --- | --- | --- |
| Sex | What sex <were you/was Name> assigned at birth?   * 1. Male * 2. Female | Same as Treatment 1 |
| Gender Identity | (Ask for people 15+)  What is <your/Name’s> current gender? 1. Male, 2. Female, 3. Transgender, 4. Nonbinary, or 5. <You use/Name uses> a different term?   * 1. Male * 2. Female * 3. Transgender * 4. Nonbinary * 5. <You use/Name uses> a different term   (If ‘use a different term’)  What is that term? (write-in) | (Ask for people 15+)  For the next question you may choose more than one answer. What is <your/Name’s> current gender? 1. Male, 2. Female, 3. Transgender, 4. Nonbinary, or 5. <You use/Name uses> a different term?   * 1. Male * 2. Female * 3. Transgender * 4. Nonbinary * 5. <You use/Name uses> a different term   (If ‘use a different term’)  What is that term? (write-in) |
| Sex & GI Confirmation | N/A | N/A |
| Sexual Orientation | (After Q24 (married last) in detailed person section, ask for people 15+)  Which of the following best represents how <you think of yourself/Name thinks of themselves>? 1. Gay or lesbian, 2. Straight, that is not gay or lesbian, 3. Bisexual, or 4. <You use/Name uses> a different term?   1. Gay or lesbian 2. Straight, that is not gay or lesbian 3. Bisexual 4. <You use/Name uses> a different term   If “uses a different term” is selected:  What is that term?  [WRITE IN] | Same as Treatment 1 |
| Gender Identity Follow-up Part 1 | We are conducting research to improve the questions we ask in this survey. Earlier in the survey, you were asked these questions:  What sex <were you/was Name> assigned at birth? 1. Male or 2. Female  and  What is <your/Name’s> current gender? 1. Male, 2. Female, 3. Transgender, 4. Nonbinary, or 5. <You use/Name uses> a different term  Would your answer for current gender have changed if you could have selected more than one option (for anyone in your household)? If yes, what options would you have selected? | N/A |
| Gender Identity Follow-up Part 2 | Earlier in the survey, you indicated that <gender identity fill>. Could you tell us more about how you came up with your answer? Are there any other answers you thought about choosing but did not? | Same as Treatment 1 |
| Gender Identity Follow-up Part 3 | N/A | We are conducting research to improve the questions we ask in this survey. Earlier in the survey, you were asked this question:  For the next question you may choose more than one answer. What is <your/Name’s> current gender? 1. Male, 2. Female, 3. Transgender, 4. Nonbinary, or 5. <You use/Name uses> a different term  You indicated that <gender identity fill>. If you could have selected only one option, what option would you have selected?  For two eligible people:  You indicated that <gender identity fill> and <gender identity fill>. If you could have selected only one option, what option would you have selected for each of these people?  If there are three or more eligible people, an additional, “<gender identity fill>” is added for each person with a comma separating them. |
| Sex at Birth & Gender Identity Follow-up | Earlier in the survey, you indicated that <your/Name’s> sex assigned at birth was <sex at birth fill> and <gender identity fill>. How old <were you/was Name> when <you/they> started to feel that <your/their> sex assigned at birth and current gender were different? | Same as Treatment 1 |
| Sexual Orientation Follow-up | Earlier in the survey, you were asked this question:  Which of the following best represents how <you think of yourself/Name thinks of themselves>? 1. Gay or lesbian, 2. Straight, that is not gay or lesbian, 3. Bisexual, or 4. <You use/Name uses> a different term.  You indicated that <you use/Name uses> a different term. Could you tell us more about how you came up with that answer? Are there any other answers you thought about choosing but did not? | Same as Treatment 1 |

Note: The “gender identity fill” and “sex at birth fill” are the same as the ones used for SOGI internet self-response.