

SOGI - Field Test Final Wording

Mode: CAPI

Questions that are being added or changed for the SOGI Test are included in the tables below. All other questions on the ACS will still be asked in the test and will have the same wording as the 2024 production ACS.

Topic	Treatment 1	Treatment 2
Sex	<p>(Show flashcard: combined flashcard with sex and GI)</p> <p>What sex &lt;were you/was Name&gt; assigned at birth?</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1. Male</li> <li><input type="radio"/> 2. Female</li> </ul>	<p>(Show flashcard: combined flashcard with sex and GI)</p> <p>What sex &lt;were you/was Name&gt; assigned at birth?</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1. Male</li> <li><input type="radio"/> 2. Female</li> </ul>
Gender Identity	<p>(Show flashcard) Using this list, what is &lt;your/Name's&gt; current gender?</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1. Male</li> <li><input type="radio"/> 2. Female</li> <li><input type="radio"/> 3. Transgender</li> <li><input type="radio"/> 4. Nonbinary</li> <li><input type="radio"/> 5. Uses a different term</li> </ul> <p>Sex and GI Flashcard:</p> <p>What was this person's sex assigned at birth?</p> <ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> </ol> <p>What is this person's current gender?</p> <ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> <li>3. Transgender</li> <li>4. Nonbinary</li> <li>5. This person uses a different term</li> </ol> <p>(If 'use a different term')</p> <p>What is that term? (write-in)</p>	<p>(Show flashcard) Using this list, what is &lt;your/Name's&gt; current gender? You may choose more than one answer.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Male</li> <li><input type="checkbox"/> 2. Female</li> <li><input type="checkbox"/> 3. Transgender</li> <li><input type="checkbox"/> 4. Nonbinary</li> <li><input type="checkbox"/> 5. Uses a different term</li> </ul> <p>Sex and GI Flashcard:</p> <p>What was this person's sex assigned at birth?</p> <ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> </ol> <p>What is this person's current gender? You may choose more than one answer.</p> <ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> <li>3. Transgender</li> <li>4. Nonbinary</li> <li>5. This person uses a different term</li> </ol> <p>(If 'use a different term')</p> <p>What is that term? (write-in)</p>
Sex & GI Confirmation	<p>[Skip if sex=Male and GI=Male]</p> <p>[Skip if sex=Female and GI=Female]</p>	<p>Same as Treatment 1. If multiple GIs are marked, read all GIs.</p>

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	<p>Just to confirm, &lt;your/Name's&gt; sex assigned at birth was &lt;fill sex&gt; and &lt;fill GI&gt;. Is that correct?</p> <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li></ul> <p>GI Fill:</p> <p>If male, female, transgender, nonbinary:</p> <p>&lt;your/Name's&gt; current gender is &lt;fill GI&gt;</p> <p>If "use a different term":</p> <p>&lt;You use/Name uses&gt; a different term for &lt;your/Name's&gt; current gender.</p> <p>If No:</p> <p>Please confirm or correct your answer to the following questions:</p> <p>(present sex and GI again to allow respondent to fix)</p>	
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Topic	Treatment 1	Treatment 2
Sexual Orientation	<p>(After Q24 (married last) in detailed person section, ask for people 15+)</p> <p>FLASHCARD</p> <p>Using this list, which of the following best represents how &lt;you think of yourself / Name thinks of themselves&gt;?</p> <ol style="list-style-type: none"> <li>1. Gay or lesbian</li> <li>2. Straight, that is not gay or lesbian</li> <li>3. Bisexual</li> <li>4. Uses a different term</li> </ol> <p>If “uses a different term” is selected:</p> <p>What is that term?</p> <p>[WRITE IN]</p> <p>FLASHCARD</p> <p>Which of the following best represents how this person thinks of themselves?</p> <ol style="list-style-type: none"> <li>1. Gay or lesbian</li> <li>2. Straight, that is not gay or lesbian</li> <li>3. Bisexual</li> <li>4. This person uses a different term</li> </ol>	Question Same as Treatment 1
Citizenship B	<p>&lt;Was name/were you&gt; born abroad of U.S. citizen parent or parents, or did &lt;you/they/[Name]&gt; become a citizen by naturalization?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	Question Same as Treatment 1
Citizenship C	<p>You have indicated that &lt;you are/[Name] is&gt; a citizen, but you have not indicated where &lt;you were/they were&gt; born. Perhaps you could give us other general information about</p> <p>&lt;yourself/them/[Name]&gt;...</p>	Question Same as Treatment 1

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	<p>[Was [Name]/Were you] born in &lt;Puerto Rico/the U.S&gt;, Guam, U.S. Virgin Islands or Northern Marianas, born abroad of U.S. citizen parent or parents, or did &lt;you/they/[Name]&gt; become a naturalized citizen?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
Degree Field	<p>This question focuses on &lt;your/[Name]'s&gt; BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES &lt;you have/they have/[Name] has&gt; received? For example, chemical engineering, elementary teacher education or organizational psychology.</p> <p>[WRITE IN]</p>	Question Same as Treatment 1
Visual Disability	<p>&lt;Are you/Is name&gt; blind or &lt;do you/do they&gt; have serious difficulty seeing even when wearing glasses?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	Question Same as Treatment 1
Hearing Disability	<p>I am now going to ask some questions about difficulty &lt;you/[Name]&gt; may have with ordinary daily activities.</p> <p>&lt;Are you/Is [Name]&gt; deaf or [do you/do they] have serious difficulty hearing?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	Question Same as Treatment 1
Transportation to work	<p>FLASHCARD</p> <p>&lt;Using this list/[blank]&gt; LAST WEEK, how did &lt;you/[Name]&gt; USUALLY get to work?</p> <p>(If &lt;you/they/[Name]&gt; usually used more than one method of transportation during the trip, report the one used for most of the</p>	Question Same as Treatment 1

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	<p>distance.)</p> <ol style="list-style-type: none"> <li>1. Car, truck, or van</li> <li>2. Bus</li> <li>3. Subway or elevated rail</li> <li>4. Long-distance train or commuter rail</li> <li>5. Light rail, streetcar, or trolley</li> <li>6. Ferryboat</li> <li>7. Taxi or ride-hailing services</li> <li>8. Motorcycle</li> <li>9. Bicycle</li> <li>10. Walked</li> <li>11. Worked From Home</li> <li>12. Other Method</li> </ol>	
<p>Recalled to work</p>	<p>&lt;Have you/Has [Name]&gt; been informed that &lt;you/they/[Name]&gt; will be recalled to work within the next 6 months OR been given a date to return to work?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>Question Same as Treatment 1</p>
<p>Place of Work</p>	<p>The next few questions deal with where &lt;you/[Name]&gt; worked LAST WEEK and how &lt;you/they/[Name]&gt; got there.</p> <p>LAST WEEK, at what location did &lt;you/[Name]&gt; work? What is the address - number and street name?</p> <p>(If &lt;you/they/[Name]&gt; worked at more than one address or location, give the address or location where &lt;you/they/[Name]&gt; worked most LAST WEEK.</p> <p>If you do not know the exact street address, give a description of the location such as the building name or the nearest street or intersection.</p>	<p>Question Same as Treatment 1</p>

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	<p>For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.)</p> <p>[WRITE IN]</p>	
Work	<p>Now, I am going to ask a series of questions about employment...</p> <p>LAST WEEK, did &lt;you/[Name]&gt; work for pay at a job or business?</p> <p>(Include any work even if &lt;you/they/[Name]&gt; worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or &lt;were/was&gt; on active duty in the Armed Forces.)</p> <p>◇ If the person did not work at all last week because they were on vacation from their job, enter 2.</p> <ul style="list-style-type: none"> <li>o Yes</li> <li>o No</li> </ul>	Question Same as Treatment 1
Another Home	<p>&lt;Do you/Does [Name]/Do any of these people...&gt;</p> <p>◇Read all bolded names◇</p> <p>have some other place where &lt;you/they&gt; usually stay?</p> <p>[Select Name(s)]</p>	Question Same as Treatment 1
Relationship	<p>How &lt;are you/is [Name]&gt; related to &lt;you/[HouseHolderName]&gt;? &lt;You are/[Name] is&gt; &lt;your/[HouseHolderName]'s&gt; ...</p> <ol style="list-style-type: none"> <li>1. Spouse</li> <li>2. Unmarried Partner</li> <li>3. Biological Child</li> <li>4. Adopted Child</li> <li>5. Stepchild</li> <li>6. Sibling</li> <li>7. Parent</li> <li>8. Grandchild</li> <li>9. Parent-in-law</li> <li>10. Son-in-law or Daughter-in-law</li> <li>11. Other Relative</li> <li>12. Roommate or housemate</li> <li>13. Foster Child</li> </ol>	Question Same as Treatment 1

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	14. Other Nonrelative	
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