

**These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and disability background so that we can find and address health and service differences.**

1. Do you need written materials in an alternate format (Braille, large print, audio recordings, etc.)?  
 Yes     No     Don't know/Unknown     Decline/Don't want to answer  
 If yes, which format? \_\_\_\_\_

**Race and Ethnicity**

2. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**  
 \_\_\_\_\_

3. Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

<p><b>American Indian or Alaska Native</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian</li> <li><input type="checkbox"/> Alaska Native</li> <li><input type="checkbox"/> Canadian Inuit, Metis, or First Nation</li> <li><input type="checkbox"/> Indigenous Mexican, Central American, or South American</li> </ul> <p><b>Hispanic or Latino/a</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hispanic or Latino Central American</li> <li><input type="checkbox"/> Hispanic or Latino Mexican</li> <li><input type="checkbox"/> Hispanic or Latino South American</li> <li><input type="checkbox"/> Other Hispanic or Latino</li> </ul>	<p><b>Asian</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Filipino/a</li> <li><input type="checkbox"/> Hmong</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Laotian</li> <li><input type="checkbox"/> South Asian</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other Asian</li> </ul> <p><b>Native Hawaiian or Pacific Islander</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guamanian or Chamorro</li> <li><input type="checkbox"/> Micronesian*</li> <li><input type="checkbox"/> Native Hawaiian</li> <li><input type="checkbox"/> Samoan</li> <li><input type="checkbox"/> Tongan*</li> <li><input type="checkbox"/> Other Pacific Islander</li> </ul>	<p><b>Black or African American</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African American</li> <li><input type="checkbox"/> African (Black)</li> <li><input type="checkbox"/> Carribean (Black)</li> <li><input type="checkbox"/> Other Black</li> </ul> <p><b>Middle Eastern/Northern African</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Northern African</li> <li><input type="checkbox"/> Middle Eastern</li> </ul> <p><b>White</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eastern European</li> <li><input type="checkbox"/> Slavic</li> <li><input type="checkbox"/> Western European</li> <li><input type="checkbox"/> Other White</li> </ul> <p><b>Other Categories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other (please list) _____</li> <li><input type="checkbox"/> Don't know/Unknown</li> <li><input type="checkbox"/> Decline/Don't want to answer</li> </ul>
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4. If you selected more than one racial or ethnic identity above, please **CIRCLE the ONE that best represents your racial or ethnic identity.**

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Contact:

Program:

Phone:

Email:

## Language

5. In what **language** do you want us to:

**Speak** with you \_\_\_\_\_

**Write** to you \_\_\_\_\_

6. Do you need a **sign language** interpreter for us to communicate with you?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, which type do you need us to communicate with you?

(ASL, PSE, tactile interpreting, etc.)

\_\_\_\_\_

7. Do you need an **interpreter** for us to communicate with you?

Yes

Don't know/Unknown

No

Decline/Don't want to answer

8. How well do you speak English?

Very Well  Not at all

Well  Don't know/Unknown

Not Well  Decline/Don't want to answer

**Disability** Your answers to the questions below help us find health and service differences among people with disabilities or limitations. Your answers are confidential.

9. Are you **deaf** or do you have **serious difficulty hearing**?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_

10. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_

11. Does a **physical, mental, or emotional condition limit your activities** in any way?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_

12. What is your age today? \_\_\_\_\_

Please stop now if the person is under age 5

13. Do you have serious difficulty **walking or climbing stairs**?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_

14. Do you have **difficulty dressing or bathing**?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_

15. Because of a **physical, mental, or emotional condition**, do you have serious difficulty:

a. **Concentrating, remembering, understanding, or making decisions?**

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_

Please stop now if you/the person is under age 15

b. **Doing errands alone** such as visiting a doctor's office or shopping?

Yes  Don't know/Unknown

No  Decline/Don't want to answer

**If yes**, at what age did this condition begin? \_\_\_\_\_