

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 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>American Indian and Alaska Native</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaska Native</p> <p><input type="checkbox"/> Canadian Inuit, Metis, or First Nation</p> <p><input type="checkbox"/> Indigenous Mexican, Central American, or South American</p> <p>Asian</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino/a</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p>	<p>Black and African American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> African (Black)</p> <p><input type="checkbox"/> Caribbean (Black)</p> <p><input type="checkbox"/> Other Black</p> <p>Hispanic and Latino/a/x</p> <p><input type="checkbox"/> Central American</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> South American</p> <p><input type="checkbox"/> Other Hispanic or Latino/a/x</p> <p>Middle Eastern/North African</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> North African</p> <p>White</p> <p><input type="checkbox"/> Eastern European</p> <p><input type="checkbox"/> Slavic</p> <p><input type="checkbox"/> Western European</p> <p><input type="checkbox"/> Other White</p>	<p>Native Hawaiian and Pacific Islander</p> <p><input type="checkbox"/> Chamorro</p> <p><input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Micronesian/Marshallese/Palauan (COFA)</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Tongan</p> <p><input type="checkbox"/> Other Pacific Islander</p> <div style="background-color: #d9ead3; border: 1px solid #d9ead3; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>Other Categories</p> <p><input type="checkbox"/> Other (<i>please list</i>)</p> <p>_____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Don't want to answer</p> </div>
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4. If you selected more than one racial or ethnic identity above, please **CIRCLE/SELECT the ONE that best represents your racial or ethnic identity**. If you have more than one primary racial or ethnic identity please check here:

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 _____

Please skip to question 8 if the person is under age 5

6. How well do you speak English?

- Very Well
- Well
- Not Well
- Not at all
- Don't know
- Don't want to answer

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

- Yes
- No
- Don't know
- Don't want to answer

7b. If yes, what kind of interpreter do you need (***pick all that apply***):

Spoken language interpreter (***please list***):

American Sign Language

Deaf Interpreter for DeafBlind and Deaf with additional barriers

Contact sign language (PSE)

Other (***please list***): _____

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

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

- Yes
- No
- Don't know
- Don't want to answer

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

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

- Yes
- No
- Don't know
- Don't want to answer

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

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

- Yes
- No
- Don't know
- Don't want to answer

11a. What is your age **today**? _____

11b. Please enter today's date: _____

Please stop now if the person is under age 5

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

- Yes
- No
- Don't know
- Don't want to answer

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

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

- Yes
- No
- Don't know
- Don't want to answer

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

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

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

- Yes
- No
- Don't know
- 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
- No
- Don't know
- Don't want to answer

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