OREGON HEALTH AUTHORITY

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ 1 Yes → ***If Yes, Go to Question 1***
☐ 2 No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-833-257-1377. For the hearing or speech impaired, call 711 to use the Telecommunications Relay Service (TRS).

1. Our records show that you are now in Oregon Health Plan. Is that right?
   - ☐ 1 Yes → ***If Yes, Go to Question 3***
   - ☐ 2 No

2. What is the name of your health plan?
   (Please print)

   _____

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?
   - ☐ 1 Yes
   - ☐ 2 No → ***If No, Go to Question 5***

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?
   - ☐ 1 Yes
   - ☐ 2 No → ***If No, Go to Question 7***

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

- ☐ 0 None → ***If None, Go to Question 10***
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health care possible — Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Your Personal Doctor

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 19***

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- ☐ 0 None → ***If None, Go to Question 18***
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 10 or more times

12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

13. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 18***

17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Worst personal doctor possible — Best personal doctor possible

Getting Health Care from Specialists

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

☐ 1 Yes
☐ 2 No → ***If No, Go to Question 23***

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

21. How many specialists have you talked to in the last 6 months?

☐ 0 None → ***If None, Go to Question 23***
☐ 1 1 specialist
☐ 2 2
☐ 3 3
☐ 4 4
☐ 5 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Worst specialist possible — Best specialist possible

Your Health Plan

The next questions ask about your experience with your health plan.

23. In the last 6 months, did you get information or help from your health plan's customer service?

☐ 1 Yes
☐ 2 No → ***If No, Go to Question 26***

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

☐ 1 Never
☐ 2 Sometimes
☐ 3 Usually
☐ 4 Always

26. In the last 6 months, did your health plan give you any forms to fill out?

☐ 1 Yes
☐ 2 No → ***If No, Go to Question 28***

27. In the last 6 months, how often were the forms from your health plan easy to fill out?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health plan possible — Best health plan possible

28a. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 28c***

28b. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28c. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 28e***

28d. In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Additional Questions

The following questions ask about how much you think your doctor or other health provider respects your beliefs, attitudes, language and behavior.

28e. In the last 6 months, how often did a doctor or other health provider talk too fast when talking to you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28f. In the last 6 months, how often did a doctor or other health provider interrupt you when you were talking?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28g. In the last 6 months, how often did a doctor or other health provider use a condescending, sarcastic or rude tone or manner with you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28h. In the last 6 months, did you feel you could trust a doctor or other health provider with your medical care?

- ☐ 1 Yes, definitely
- ☐ 2 Yes, somewhat
- ☐ 3 No

Access to Dental Care

28i. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 28k***

28j. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst regular dentist possible — Best regular dentist possible

28k. In the last 6 months, did you go to a dentist's office or clinic for care?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 28n***

28l. In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28m. In the last 6 months, how often were your dental appointments as soon as you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28n. In the last 6 months, if you needed to see a dentist right away because of a dental emergency, how often did you get to see a dentist as soon as you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always
- ☐ 5 I did not have a dental emergency in the last 6 months

28o. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 6 months, how often did you get an appointment as soon as you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always
- ☐ 5 I did not try to get an appointment with a specialist dentist for myself in the last 6 months

28p. In the last 6 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment?

- ☐ 1 Never → ***If Never, Go to Question 28r***
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28q. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay will be?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28r. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Extremely difficult — Extremely easy

☐ 11 I did not try to find a dentist for myself

28s. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care you personally received in the last 6 months?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst dental care possible — Best dental care possible

☐11 I did not receive any dental care personally in the last 6 months

28t. If you delayed going to the dentist, what was the primary reason? *(Select only one)*

- ☐1 The cost of care
- ☐2 Inconvenient location
- ☐3 Inconvenient appointment times
- ☐4 Trouble finding a dentist or dental care
- ☐5 Fear or anxiety of seeing a dentist
- ☐6 Went to the emergency room instead for dental care
- ☐7 I needed an interpreter and wasn't able to get one
- ☐8 Other reason *(Please print)*

_____

- ☐9 I did not delay going to the dentist

About You

29. In general, how would you rate your overall health?

- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor

30. In general, how would you rate your overall mental or emotional health?

- ☐1 Excellent
- ☐2 Very good
- ☐3 Good
- ☐4 Fair
- ☐5 Poor

31. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐1 Every day
- ☐2 Some days
- ☐3 Not at all → ***If Not at all, Go to Question 35***
- ☐4 Don't know → ***If Don't know, Go to Question 35***

32. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

33. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

34. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- ☐1 Never
- ☐2 Sometimes
- ☐3 Usually
- ☐4 Always

35. What is your age?

- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

36. What is the highest grade or level of school that you have completed?

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

Language

37a. Do you only use English at home?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

37b. Do you typically need or want any of the following to help with communications on important matters such as medical, legal, or health information? (*Select <u>all</u> that apply*)

- ☐ A Yes - Assistive Listening Device such as an FM or Loop *(Please specify)*

  _____
- ☐ B Yes - CART/Captioning
- ☐ C No
- ☐ D Don't know
- ☐ E Don't want to answer

If you only use English at home <u>and</u> do not need or want help with communications → ***Go to Question 42***

38. What languages do you use at home? (*Select <u>all</u> that apply*)

- ☐ A English
- ☐ B Spanish
- ☐ C Arabic
- ☐ D Cambodian
- ☐ E Chinese
- ☐ F Hmong
- ☐ G Japanese
- ☐ H Lao
- ☐ I Mien
- ☐ J Romanian
- ☐ K Russian
- ☐ L Sign Language
- ☐ M Somali
- ☐ N Tagalog
- ☐ O Ukrainian
- ☐ P Vietnamese
- ☐ Q Not listed *(Please specify)*

  _____
- ☐ R Don't want to answer

39. What language would you prefer to use when <u>communicating</u> (in person, phone, virtually) with someone outside the home about matters such as medical, legal, or health information? (*Select only <u>one</u>*)

- ☐ 01 English
- ☐ 02 Spanish
- ☐ 03 Arabic
- ☐ 04 Cambodian
- ☐ 05 Chinese
- ☐ 06 Hmong
- ☐ 07 Japanese
- ☐ 08 Lao
- ☐ 09 Mien
- ☐ 10 Romanian
- ☐ 11 Russian
- ☐ 12 Sign Language
- ☐ 13 Somali
- ☐ 14 Tagalog
- ☐ 15 Ukrainian
- ☐ 16 Vietnamese
- ☐ 17 Not listed *(Please specify)*

  _____
- ☐ 18 Don't want to answer

40. What language would you prefer to use to read important written information such as medical, legal, or health information? (*Select only one*)

- ☐ 01 English
- ☐ 02 Spanish
- ☐ 03 Arabic
- ☐ 04 Cambodian
- ☐ 05 Chinese
- ☐ 06 Hmong
- ☐ 07 Japanese
- ☐ 08 Lao
- ☐ 09 Mien
- ☐ 10 Romanian
- ☐ 11 Russian
- ☐ 12 Somali
- ☐ 13 Tagalog
- ☐ 14 Ukrainian
- ☐ 15 Vietnamese
- ☐ 16 Not listed *(Please specify)*

_____

- ☐ 17 Don't want to answer

41. How well do you speak English?

- ☐ 1 Very well
- ☐ 2 Well
- ☐ 3 Not well
- ☐ 4 Not at all
- ☐ 5 Don't know
- ☐ 6 Don't want to answer

42. Do you prefer to use an interpreter when talking about medical or health information?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 46***

43. Which type of interpreter do you prefer to use?

- ☐ 1 Spoken language
- ☐ 2 Sign language

44. If you needed an interpreter, how often did you get an interpreter as soon as you needed?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

45. We want to know your rating of the interpreter you worked with most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst interpreter possible and 10 is the best interpreter possible, what number would you use to rate that interpreter?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst interpreter possible — Best interpreter possible

Functional Difficulties

46. Are you deaf or do you have serious difficulty hearing?

- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

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

- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

48. Do you have serious difficulty walking or climbing stairs?

- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

49. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

50. Do you have difficulty dressing or bathing?
- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

51. Do you have serious difficulty learning how to do things most people your age can learn?
- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

52. Using your usual (customary) language, do you have serious difficulty communicating (for example, understanding or being understood by others)?
- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer
- ☐ 5 Don't know what this question is asking

53. Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone, such as visiting a doctor's office or shopping?
- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

54. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?
- ☐ 1 Yes → ***If Yes, at what age did this condition begin?*** _____
- ☐ 2 No
- ☐ 3 Don't know
- ☐ 4 Don't want to answer
- ☐ 5 Don't know what this question is asking

55. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, describe your disability or condition in any way you prefer: *(Please print)*

_____

If you <u>do not</u> identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition → ***Go to Question 57***

56a. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, do you typically need or want disability-related accommodations to help with communications on important matters such as medical, legal, or health information?
- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 57***
- ☐ 3 Don't know
- ☐ 4 Don't want to answer

56b. If yes, describe what accommodations you typically need or want: *(Please print)*

_____

Sex, Gender Identity, and Sexual Orientation

57. What is your sex?
- ☐ 1 Female
- ☐ 2 Male
- ☐ 3 Intersex
- ☐ 4 Not listed, my sex is: *(Please print)*

  _____
- ☐ 5 Don't know
- ☐ 6 Don't want to answer

58. Please describe your gender in any way you prefer: *(Please print)*

_____

59. What is your gender? (*Select all that apply*)

- ☐ A Girl or woman
- ☐ B Boy or man
- ☐ C Nonbinary
- ☐ D Agender/No Gender
- ☐ E Bigender
- ☐ F Demiboy
- ☐ G Demigirl
- ☐ H Genderfluid
- ☐ I Genderqueer
- ☐ J Questioning/Exploring
- ☐ K Not listed, my gender is: *(Please print)*

_____

- ☐ L I have a gender identity not listed here that is specific to my ethnicity: *(Please print)*

_____

- ☐ M Don't know
- ☐ N Don't know what this question is asking
- ☐ O Don't want to answer

60. Are you transgender?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Questioning/Exploring
- ☐ 4 Don't know
- ☐ 5 Don't know what this question is asking
- ☐ 6 Don't want to answer

61. Please describe your sexual orientation or sexual identity in any way you prefer: *(Please print)*

_____

62. What is your sexual orientation? (*Select all that apply*)

- ☐ A Same-gender loving
- ☐ B Lesbian
- ☐ C Gay
- ☐ D Bisexual
- ☐ E Straight or heterosexual
- ☐ F Asexual Spectrum
- ☐ G Queer
- ☐ H Pansexual
- ☐ I Questioning/Exploring
- ☐ J Not listed, my sexual orientation is: *(Please print)*

_____

- ☐ K Don't know
- ☐ L Don't know what this question is asking
- ☐ M Don't want to answer

Race and Ethnicity

63. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? *(Please print)*

_____

64. Which of the following describes your racial or ethnic identity? *Select **all** that apply **and enter additional details in the spaces below**.*

A. American Indian and Alaska Native - *Provide details below.*

- ☐ A01 Alaska Native
- ☐ A02 American Indian
- ☐ A03 Canadian Inuit, Metis, or First Nation
- ☐ A04 Indigenous Mexican, Central American, or South American

Enter details, for example, Inuit or Haida, Confederated Tribes of Siletz Indians, Navajo, Aztec, Maya, etc.

_____

B. Asian - *Provide details below.*

- ☐ B01 Afghan
- ☐ B02 Asian Indian
- ☐ B03 Cambodian/Khmer
- ☐ B04 Chinese
- ☐ B05 Communities of Myanmar
- ☐ B06 Filipino/a
- ☐ B07 Hmong
- ☐ B08 Indonesian
- ☐ B09 Japanese
- ☐ B10 Korean
- ☐ B11 Laotian
- ☐ B12 Pakistani
- ☐ B13 South Asian
- ☐ B14 Taiwanese
- ☐ B15 Thai
- ☐ B16 Vietnamese

Enter details, for example, Mongolian, Malaysian, Uzbeks, etc. _____

C. Black and African American - *Provide details below.*

- ☐ C01 African American
- ☐ C02 Afro-Caribbean
- ☐ C03 Ethiopian
- ☐ C04 Haitian
- ☐ C05 Jamaican
- ☐ C06 Nigerian
- ☐ C07 Somali

Enter details, for example, Trinidadian, Ghanaian, Congolese, etc. _____

D. Hispanic and Latino/a/x - *Provide details below.*

- ☐ D01 Afro-Latino/a/x/e
- ☐ D02 Central American
- ☐ D03 Cuban
- ☐ D04 Dominican
- ☐ D05 Guatemalan
- ☐ D06 Mexican
- ☐ D07 Puerto Rican
- ☐ D08 Salvadoran
- ☐ D09 South American

Enter details, for example, Colombian, Honduran, Spaniard, etc. _____

E. Jewish - *Provide details below.*

- ☐ E01 Ashkenazi
- ☐ E02 Sephardi

Enter details, for example, Mizrahi, etc. _____

F. Middle Eastern/North African/SWANA - *Provide details below.*

- ☐ F01 Egyptian
- ☐ F02 Iraqi
- ☐ F03 Iranian
- ☐ F04 Israeli
- ☐ F05 Lebanese
- ☐ F06 Palestinian
- ☐ F07 Syrian
- ☐ F08 Turkish

Enter details, for example, Moroccan, Yemeni, Kurdish, etc. _____

G. Native Hawaiian and Pacific Islander - *Provide details below.*

- ☐ G01 CHamoru (Chamorro)
- ☐ G02 Communities of the Micronesian Region
- ☐ G03 Fijian
- ☐ G04 Marshallese
- ☐ G05 Native Hawaiian
- ☐ G06 Samoan
- ☐ G07 Tongan

Enter details, for example, Chuukese, Palauan, Tahitian, etc. _____

H. White - *Provide details below.*

- ☐ H01 English
- ☐ H02 German
- ☐ H03 Irish
- ☐ H04 Italian
- ☐ H05 Polish
- ☐ H06 Romanian
- ☐ H07 Russian
- ☐ H08 Scottish
- ☐ H09 Slavic
- ☐ H10 Ukrainian

Enter details, for example, French, Swedish, Norwegian, etc. _____

I. Additional Categories

- ☐ I01 Another category not listed *(Please specify)* _____
- ☐ I02 Don't know
- ☐ I03 Don't want to answer

65. If you checked more than one category for Question 64, is there **one** you think of as your primary racial or ethnic identity?

- ☐ 1 Yes → ***Circle your primary racial or ethnic identity for Question 64.***
- ☐ 2 I don't have just one primary racial or ethnic identity.
- ☐ 3 No. I identify as Biracial or Multiracial.
- ☐ 4 Not applicable. I only checked one category for Question 64.
- ☐ 5 Don't know
- ☐ 6 Don't want to answer

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 3416
Hopkins, MN 55343

Please do not include any other correspondence.