



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).

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is 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 child's health plan?
(Please print)
- _____

Your Child's Health Care in the Last 6 Months

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

3. In the last 6 months, did your child 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 your child needed care right away, how often did your child get care as soon as he or she 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 for your child?

☐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 for your child as soon as your child needed?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

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

☐₀ None → **If None, Go to Question 11**

☐₁ 1 time

☐₂ 2

☐₃ 3

☐₄ 4

☐₅ 5 to 9

☐₆ 10 or more times

8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

9. 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 child's 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

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

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

11. Is your child now enrolled in any kind of school or daycare?

☐₁ Yes

☐₂ No → **If No, Go to Question 14**

12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

☐₁ Yes

☐₂ No → **If No, Go to Question 14**

13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

☐₁ Yes

☐₂ No

Specialized Services

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

☐₁ Yes

☐₂ No → **If No, Go to Question 17**

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- ☐₁ Yes
☐₂ No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- ☐₁ Yes
☐₂ No → **If No, Go to Question 20**

18. In the last 6 months, how often was it easy to get this therapy for your child?

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

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- ☐₁ Yes
☐₂ No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

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

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

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

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- ☐₁ Yes
☐₂ No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- ☐₁ Yes
☐₂ No → **If No, Go to Question 25**

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- ☐₁ Yes
☐₂ No

Your Child's Personal Doctor

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- ☐₁ Yes
☐₂ No → **If No, Go to Question 40**

26. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- ☐₀ None → **If None, Go to Question 36**
☐₁ 1 time
☐₂ 2
☐₃ 3
☐₄ 4
☐₅ 5 to 9
☐₆ 10 or more times

26a. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

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

27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

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

28. In the last 6 months, how often did your child's personal doctor listen carefully to you?

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

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

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

30. Is your child able to talk with doctors about his or her health care?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 32**

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

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

32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

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

33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ☐₁ Yes
- ☐₂ No

34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 36**

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

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

36. 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 child's personal doctor?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst personal doctor possible				Best personal doctor possible						

37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

☐₁ Yes

☐₂ No → **If No, Go to Question 40**

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

☐₁ Yes

☐₂ No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

☐₁ Yes

☐₂ No

Getting Health Care from Specialists

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

40. 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 for your child with a specialist?

☐₁ Yes

☐₂ No → **If No, Go to Question 44**

41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

42. How many specialists has your child talked to in the last 6 months?

☐₀ None → **If None, Go to Question 44**

☐₁ 1 specialist

☐₂ 2

☐₃ 3

☐₄ 4

☐₅ 5 or more specialists

43. We want to know your rating of the specialist your child 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 Child's Health Plan

The next questions ask about your experience with your child's health plan.

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

☐₁ Yes

☐₂ No → **If No, Go to Question 47**

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

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

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

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

47. In the last 6 months, did your child's health plan give you any forms to fill out?

☐₁ Yes

☐₂ No → **If No, Go to Question 49**

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

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

49. 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 child's health plan?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst health plan possible								Best health plan possible		

Prescription Medicines

50. In the last 6 months, did you get or refill any prescription medicines for your child?

☐₁ Yes

☐₂ No → **If No, Go to Question 52a**

51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

☐₁ Yes

☐₂ No

Access to Dental Care

52a. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

☐₁ Yes

☐₂ No → **If No, Go to Question 52c**

52b. 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 child's regular dentist?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst regular dentist possible								Best regular dentist possible		

52c. In the last 6 months, did your child go to a dentist's office or clinic for care?

☐₁ Yes

☐₂ No → **If No, Go to Question 52f**

52d. In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating your child?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

52e. In the last 6 months, how often were your child's dental appointments as soon as you wanted?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

52f. In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, how often did he or she get to see a dentist as soon as you wanted?

☐₁ Never

☐₂ Sometimes

☐₃ Usually

☐₄ Always

☐₅ My child did not have a dental emergency in the last 6 months

58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 61**
59. Is this because of any medical, behavioral, or other health condition?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 61**
60. Is this a condition that has lasted or is expected to last for at least 12 months?
- ☐₁ Yes
☐₂ No
61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 64**
62. Is this because of any medical, behavioral, or other health condition?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 64**
63. Is this a condition that has lasted or is expected to last for at least 12 months?
- ☐₁ Yes
☐₂ No
64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 67**
65. Is this because of any medical, behavioral, or other health condition?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 67**
66. Is this a condition that has lasted or is expected to last for at least 12 months?
- ☐₁ Yes
☐₂ No

67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 69**
68. Has this problem lasted or is it expected to last for at least 12 months?
- ☐₁ Yes
☐₂ No
69. What is your child's age?
- ☐₀₀ Less than 1 year old
_____ YEARS OLD (write in)
70. What is your age?
- ☐₀ Under 18
☐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
71. 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
72. How are you related to the child?
- ☐₁ Mother or father
☐₂ Grandparent
☐₃ Aunt or uncle
☐₄ Older brother or sister
☐₅ Other relative
☐₆ Legal guardian
☐₇ Someone else

Language

73a. Do you only use English at home?

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

73b. 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 all 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 and do not need or want help with communications → **Go to Question 78**

74. What languages do you use at home? (*Select all that apply*)

- | | |
|--|---|
| ☐ _A English | ☐ _I Mien |
| ☐ _B Spanish | ☐ _J Romanian |
| ☐ _C Arabic | ☐ _K Russian |
| ☐ _D Cambodian | ☐ _L Sign Language |
| ☐ _E Chinese | ☐ _M Somali |
| ☐ _F Hmong | ☐ _N Tagalog |
| ☐ _G Japanese | ☐ _O Ukrainian |
| ☐ _H Lao | ☐ _P Vietnamese |
| ☐ _Q Not listed (<i>Please specify</i>) | |

- ☐_R Don't want to answer

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

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

- ☐₁₈ Don't want to answer

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

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

- ☐₁₇ Don't want to answer

77. 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

78. Do you prefer to use an interpreter when talking about your child's medical or health information?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 82**

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

- ☐₁ Spoken language
- ☐₂ Sign language

80. If you needed an interpreter to talk about your child's medical or health information, how often did you get an interpreter as soon as you needed?

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

81. We want to know your rating of the interpreter you worked with most often when talking about your child's medical or health information 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

82. Is your child deaf or does your child 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

83. Is your child blind or does your child 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

If your child is under age 5 → **Go to Question 91**

84. Does your child 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

85. Because of a physical, mental, or emotional condition, does your child 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

86. Does your child 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

87. Does your child have serious difficulty learning how to do things most people your child's 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

88. Using your child's usual (customary) language, does your child 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

If your child is under age 15 → ***Go to Question 91***

89. Because of a physical, mental, or emotional condition, does your child 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

90. Does your child have serious difficulty with the following: mood, intense feelings, controlling their 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

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

If your child does not identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition → ***Go to Question 93***

92a. If your child identifies as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, does your child 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 93***
- ☐₃ Don't know
- ☐₄ Don't want to answer

92b. If yes, describe what accommodations your child typically needs or wants: *(Please print)*

Sex, Gender Identity, and Sexual Orientation

93. What is your child's sex?

- ☐₁ Female
- ☐₂ Male
- ☐₃ Intersex
- ☐₄ Not listed, my child's sex is:
(Please print)

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

If your child is under age 5 → **Go to Question 100**

94. Is your child currently: (Select all that apply)

- ☐_A A boy
- ☐_B A girl
- ☐_C Both a boy and a girl
- ☐_D Neither a boy nor a girl
- ☐_E Something else: (Please specify)

- ☐_F It changes over time
- ☐_G Don't know
- ☐_H Don't know what this question is asking
- ☐_I Don't want to answer

If your child is under age 14 → **Go to Question 100**

95. Please describe your child's gender in any way you prefer: (Please print)

96. What is your child's 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 child's gender is:
(Please print)

- ☐_L My child's gender identity not listed here that is specific to their ethnicity:
(Please print)

- ☐_M Don't know
- ☐_N Don't know what this question is asking
- ☐_O Don't want to answer

97. Is your child 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

98. Please describe your child's sexual orientation or sexual identity in any way you prefer: *(Please print)*

99. What is your child's 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 child's sexual orientation is: *(Please print)*

-
- ☐_K Don't know
 - ☐_L Don't know what this question is asking
 - ☐_M Don't want to answer

100. 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

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

102. 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

Race and Ethnicity

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

104. Which of the following describes your child's 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 ☐_{A03} Canadian Inuit, Metis, or First Nation
☐_{A02} American Indian ☐_{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 ☐_{B05} Communities of Myanmar ☐_{B09} Japanese ☐_{B13} South Asian
☐_{B02} Asian Indian ☐_{B06} Filipino/a ☐_{B10} Korean ☐_{B14} Taiwanese
☐_{B03} Cambodian/Khmer ☐_{B07} Hmong ☐_{B11} Laotian ☐_{B15} Thai
☐_{B04} Chinese ☐_{B08} Indonesian ☐_{B12} Pakistani ☐_{B16} Vietnamese

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

C. Black and African American - Provide details below.

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

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

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

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

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 ☐_{F03} Iranian ☐_{F05} Lebanese ☐_{F07} Syrian
☐_{F02} Iraqi ☐_{F04} Israeli ☐_{F06} Palestinian ☐_{F08} Turkish

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

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

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

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

H. White - Provide details below.

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

105. If you checked more than one category for Question 104, is there **one** you think of as your child's primary racial or ethnic identity?

☐₁ Yes → ***Circle your child's primary racial or ethnic identity for Question 104.***

☐₂ My child doesn't have just one primary racial or ethnic identity.

☐₃ No. My child identifies as Biracial or Multiracial.

☐₄ Not applicable. I only checked one category for Question 104.

☐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.

