Race, Ethnicity, Language, and Disability (REALD)

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
   - ☐ Don’t want to answer/Decline

If yes, which format? _____________________________________________________________

Race and Ethnicity

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

Please check ALL that apply.

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

Hispanic or Latino/a
- ☐ Hispanic or Latino/a Central American
- ☐ Hispanic or Latino/a Mexican
- ☐ Hispanic or Latino/a South American
- ☐ Other Hispanic or Latino/a

Asian
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Native Hawaiian or Pacific Islander
- ☐ Guamanian or Chamorro
- ☐ Micronesian*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan*
- ☐ Other Pacific Islander

Black or African American
- ☐ African American
- ☐ African (Black)
- ☐ Caribbean (Black)
- ☐ Other Black

Middle Eastern/Northern African
- ☐ Northern African
- ☐ Middle Eastern

White
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

Other Categories
- ☐ Other (please list)
- ☐ Don’t know/Unknown
- ☐ Don’t want to answer/Decline

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   □  Don’t want to answer/Decline

   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   □  Don’t want to answer/Decline

8. How well do you speak English?
   - Very Well  □  Not at all
   - Well      □  Don’t know/Unknown
   - Not Well  □  Don’t want to answer/Decline

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   □  Don’t want to answer/Decline

   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   □  Don’t want to answer/Decline

    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   □  Don’t want to answer/Decline

    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   □  Don’t want to answer/Decline

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

14. Do you have difficulty dressing or bathing?
    - Yes  □  Don’t know/Unknown
    - No   □  Don’t want to answer/Decline

    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 or making decisions?
       - Yes  □  Don’t know/Unknown
       - No   □  Don’t want to answer/Decline

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

    b. Doing errands alone such as visiting a doctor’s office or shopping?
       - Yes  □  Don’t know/Unknown
       - No   □  Don’t want to answer/Decline

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

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