

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.

### American Indian and Alaska Native

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

### Asian

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

### Black and African American

- African American  
 African (*Black*)  
 Caribbean (*Black*)  
 Other Black

### Hispanic and Latino/a/x

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

### Middle Eastern/North African

- Middle Eastern  
 North African

### White

- Eastern European  
 Slavic  
 Western European  
 Other White

### Native Hawaiian and Pacific Islander

- Chamorro  
 Guamanian  
 Micronesian/Marshallese/Palauan  
 Native Hawaiian  
 Samoan  
 Tongan  
 Other Pacific Islander

### Other Categories

- Other (*please list*)  
\_\_\_\_\_  
 Don't know  
 Don't want to answer

4. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity above.       N/A. I only checked one category above.  
 No. I have multiple primary racial or ethnic identities.       Don't know  
 No. I identify as Biracial or Multiracial.       Don't want to answer

*(To be filled in by DHS/OHA staff)*

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

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

5. Do you speak a language other than English at home?

- Yes
- No (*I only speak English at home*)
- Don't know
- Don't want to answer

If No, please skip to question 8

6a. If yes, what is this language? \_\_\_\_\_

6b. In what language would you prefer to use when speaking with someone outside the home about important matters (such as medical/legal/health information)? \_\_\_\_\_

6c. In what language would you prefer to read important information (such as medical/legal/health information)? \_\_\_\_\_

7. How well do you speak English?

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

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? \_\_\_\_\_