

These questions are about your race, ethnicity, and primary language. We ask these questions to make sure we are meeting the needs of all of our patients. May I continue?

1. Are you of Hispanic or Latino origin?

- No
- Do not know
- Yes
- Unavailable
- Prefer not to answer

2. Are you of Arab or Middle Eastern origin?

- No
- Do not know
- Yes
- Unavailable
- Prefer not to answer

3. What is your race? (You may select up to two races)

- Black
- Native Hawaiian/Pacific Islander
- Do not know
- White
- American Indian/Alaskan Native
- Unavailable
- Asian
- Other _____
- Prefer not to answer

4. Please provide one nationality or ethnic group that best describes your ancestry. (For example, Italian, Jamaican, African American, Haitian, Korean, Lebanese, etc.) (Please select one)

- African America
- Hawaiian
- Potawatomi
- Albanian
- Huron
- Puerto Rican
- Chinese
- Indian (not Native American)
- Russian
- Chippewa/Ojibwe
- Iraqi
- Scottish
- Cuban
- Irish
- Spanish (Spain)
- Dutch
- Italian
- Syrian
- Egyptian
- Jamaican
- Vietnamese
- English
- Japanese
- Ukrainian
- Belgian
- Jordanian
- Other _____
- Filipino
- Korean
- Do not know
- Finnish
- Lebanese
- Prefer not to answer
- French
- Macedonian
- Unavailable
- German
- Mexican
- Greek
- Nigeria
- Chaldean
- Ottawa/Odawa
- Haitian
- Palestinian

5. How would you rate your ability to speak {and understand} English?

- Very well
- Not at all
- Prefer not to answer
- Well
- Do not know
- Not well
- Unavailable

6. What language do you feel most comfortable using when discussing your health care?

- American Sign Language
- Hindi
- Urdu
- Other (specify) _____
- Arabic
- Hmong
- Do not know
- Chinese
- Japanese
- Unavailable
- English
- Spanish
- Prefer not to answer

Thank you. Please return this form to the representative.