

# Patient Survey/Questionario para Paciente

[initial\_visit\_arm\_1][first\_name] [initial\_visit\_arm\_1][last\_name]

[eng]Date of Birth:[esp]Tu fecha de nacimiento

[eng]What is your gender?[esp]&iquestCu&aacutel es tu g&eacutenero?

- ☐ [eng]Female[esp]Femenino  
☐ [eng]Male[esp]Masculino

[eng]What is your ethnic group or race?[esp]&iquestCu&aacutel es tu grupo &eacutetnico o raza?

- ☐ [eng]Black, Non-Hispanic[esp]Negro o Afroamericano, no Hispano  
☐ [eng]White, Non-Hispanic[esp]Blanco, no Hispano  
☐ [eng]Asian or Pacific Islander[esp]Asi&aacutetico o Asi&aacutetico-americano, o de las Islas del Pac&iacutefico  
☐ [eng]Native American or Alaskan Native[esp]Indio americano o nativo Americano, o nativo de Alaska  
☐ [eng]Hispanic[esp]Hispano  
☐ [eng]Other[esp]Otro

[eng]Please specify your ethnic group or race:[esp]  
Por favor especifique tu grupo &eacutetnico o raza:

[eng]What language is spoken at home?[esp]&iquestQu&eacute; idioma se habla en tu hogar?

- ☐ [eng]English[esp]Ingl&eacutes  
☐ [eng]Creole[esp]Creole Haitiano  
☐ [eng]Spanish[esp]Espa&ntildeol  
☐ [eng]Other[esp]Otro

[eng]Please specify what language you speak at home:[esp]Por favor especifique qu&eacute; idioma se habla en tu hogar:

[eng]What language do you prefer to speak?[esp]&iquestQu&eacute; idioma prefieres hablar?

- ☐ [eng]English[esp]Ingl&eacutes  
☐ [eng]Creole[esp]Creole Haitiano  
☐ [eng]Spanish[esp]Espa&ntildeol  
☐ [eng]Other[esp]Otro

[eng]Please specify what language you prefer to speak:[esp]Por favor especifique qu&eacute; idioma prefieres hablar:

---

[eng]What grade are you in this year?[esp]&iquestEn qu&eacute; grado est&aacute; en este a&ntilde;o?

- ☐ Pre-K
- ☐ Kindergarten
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ Other/Otro