

Q - Pediatric - Generic - Demographics

Record ID

Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

Address Information

Zipcode

(5 Digit for USA and 3 Digit for Canada)

Country

- ☐ USA
☐ Canada

Patient Demographics

What is your gender identity?

- ☐ Female gender identity
☐ Male gender identity
☐ Other

If you selected "other" for gender identity, please specify:

Which race category best describes you? Choose all that apply

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Canadian Indigenous or Aboriginal
☐ Other
☐ Prefer not to answer

If race not listed above, please specify:

Primary Language

What language do you primarily speak?

- ☐ English
- ☐ French
- ☐ Mandarin Chinese
- ☐ Punjabi
- ☐ Spanish
- ☐ Arabic
- ☐ Tagalog
- ☐ Italian
- ☐ German
- ☐ Other

If you selected "other" for primary language, please specify:

First Language

What was your first language?

- ☐ English
- ☐ French
- ☐ Mandarin Chinese
- ☐ Punjabi
- ☐ Spanish
- ☐ Arabic
- ☐ Tagalog
- ☐ Italian
- ☐ German
- ☐ Other

If you selected "other" for first language, please specify:

Education

What is your highest level of education?

- ☐ No formal education
- ☐ Some elementary school
- ☐ Some secondary or high school education
- ☐ High School or secondary school degree complete
- ☐ Other
- ☐ Prefer not to answer

If you selected "other" level of education, please specify:

Disability Questions

Are you deaf or do you have serious difficulty hearing?

- ☐ No
- ☐ Yes
- ☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ No
- ☐ Yes
- ☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ No
- ☐ Yes
- ☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have difficulty dressing or bathing?

- ☐ No
☐ Yes
☐ Prefer not to answer