

PATIENT DEMOGRAPHICS QUESTIONNAIRE—Self-Administered

Target Audience:	Patients and their Families
Purpose:	This questionnaire is to be self-administered by patients or their families, and asks for information on patient race, ethnicity, birthplace, and language abilities and preferences.
Instructions for Use:	The sample questionnaire was designed to follow the most current recommendations regarding accurate self-reported patient race and ethnicity as set forth by the Institute of Medicine (IOM). Facilities may choose to use more granular or other race, ethnicity, birthplace, and language categories for their specific patient populations.

PATIENT DEMOGRAPHICS QUESTIONNAIRE—Self-Administered

We want to make sure that all of our patients get the best care possible. We would like you to tell us your racial/ethnic background and birthplace information so that we can review the best care that our patients can receive and make sure that everyone of every background gets the highest quality of care. It is also important that we know your preferred spoken language so that you and your health care team can have good communication.

We will keep this information private and will update it in your medical record. Your answers are confidential. You need not answer any question you prefer not to answer.

You have been provided a list of Frequently Asked Questions to help answer any questions that you may have about this form. Our staff members are happy to answer your questions.

1. Where were you born? (Check one)

- ☐ United States (which state? _____)
- ☐ NOT in the United States (which country? _____)

2. Are you of Hispanic, Latino, or Spanish origin? (Check one)

- ☐ Yes – Mexican, Mexican American, Chicano
- ☐ Yes – Puerto Rican
- ☐ Yes – Cuban
- ☐ Yes – Dominican Republic
- ☐ Yes – Central American (specify which country: _____)
- ☐ Yes – South American, but NOT from Brazil (specify which country _____)
- ☐ Yes – another Hispanic, Latino, or Spanish origin (specify from where: _____)
- ☐ No – not Hispanic, Latino, or Spanish origin
- ☐ Unknown whether Hispanic, Latino, or Spanish origin
- ☐ Prefer not to answer

3. What is your race? (Mark one or more)

- | | | |
|---|--|---|
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> Pakistani | <input type="radio"/> New Guinean |
| <input type="radio"/> Black/African American | <input type="radio"/> Thai | <input type="radio"/> Samoan |
| <input type="radio"/> White/Caucasian | <input type="radio"/> Vietnamese | <input type="radio"/> Tahitian |
| <input type="radio"/> Asian Indian | <input type="radio"/> Other Asian: _____ | <input type="radio"/> Tongan |
| <input type="radio"/> Chinese | <input type="radio"/> Other South Asian: _____ | <input type="radio"/> Other Pacific Islander: _____ |
| <input type="radio"/> Filipino | <input type="radio"/> Fiji Islander | <input type="radio"/> Some other race: _____ |
| <input type="radio"/> Hmong | <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Japanese | <input type="radio"/> Melanesian | |
| <input type="radio"/> Kampuchean (Cambodian) | <input type="radio"/> Micronesian | |
| <input type="radio"/> Korean | <input type="radio"/> Native Hawaiian | |
| <input type="radio"/> Laotian | | |

4. IF MORE THAN ONE RACE IS CHECKED in Question #3, do you identify with any one race in particular?

(Check one)

- ☐ Yes _____ (specify)
- ☐ No

5. What language do you feel most comfortable using when speaking to a doctor or nurse? (Check one)

- ☐ English
- ☐ Spanish
- ☐ Another language: _____ (specify)

6. How well do you speak English? (Check one)

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all