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 □ Other________
   □ Finnish □ Lebanese □ Do not know
   □ French □ Macedonian □ Prefer not to answer
   □ German □ Mexican □ Unavailable
   □ 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.