



Ethnicity Questionnaire

- We are required by federal law to collect certain information.
- We are implementing a systematic method of collecting data on gender, race, ethnicity, and primary language directly from patients or their caregivers.
- The purpose of collecting this information is to ensure that all patients receive high-quality care.

Would you declare your gender? Yes No

Gender: Male Female _____

Would you declare your preferred language? Yes No

English _____

Would you declare your race and ethnicity? Yes No Declined/Refused Unavailable

If yes:

Do you consider yourself Hispanic/Latino?

Yes No

Which category best describes your race?

- American Indian/Alaska Nat
- Asian
- Black/African American
- Multi-Racial
- Native Hawaii/Pacific Island
- Other
- White
- Unknown
- Declined /Refused
- Unavailable

Signature

Date

Printed Name