

PATIENT DEMOGRAPHIC QUESTIONNAIRE

As a federally qualified community health center, North Olympic Healthcare Network offers its patients a wide scope of services that would otherwise not be available. With this federal funding comes a requirement that we collect additional financial and demographic information from our patients.

We would appreciate your cooperation in helping us fulfill this requirement. If you do not wish to respond to a question, please make the box Decline to Report. Thank you!

- 1. What is your race?** Asian Native Hawaiian Other Pacific Islander
Black White Native American More than one race Decline to report
- 2. What is your ethnicity?** Hispanic or Latino Non-Hispanic or Latino
Decline to Report
- 3. What is your sexual orientation?** Heterosexual/Straight Homosexual/Lesbian/Gay
Bisexual Other Do not know Decline to Report
- 4. What is your gender identity?** Male Female Transgender Male (female to male)
Transgender Female (male to female) Other/Don't subscribe to conventional gender
distinctions Decline to Report
- 5. What is your total HOUSEHOLD annual income?** Under \$12,000
\$12,000-\$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000-\$50,000
\$50,000-\$60,000 \$60,000-\$70,000 Greater than \$70,000 Decline to Report
- 6. What is the number of people in your household?** _____ Decline to Report
- 7. What is your primary language?** English Spanish Other _____
Decline to Report
- 8. Where do you currently live?** Your own home With Family With a Friend
 In a shelter In a group home Currently homeless Decline to Report
- 9. Are you an agricultural worker?** Yes No Decline to Report
- 10. Are you a Veteran?** Yes No Decline to Report

PATIENT NAME _____ DATE OF BIRTH _____