North Olympic Healthcare NETWORK

PATIENT DEMOGRAPHIC QUESTIONNAIRE

As a Federally-qualified community health center, we are required to ask questions about our patient's demographics. We would appreciate your responses below. Thank you.

1. **What is your race?** Asian ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Black ☐ White ☐ Native American ☐ More than one race ☐ Unknown ☐ Declined to report ☐
2. **What is your ethnicity?** Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Unknown ☐ Decline to Report ☐
3. **What is your sexual orientation?** Heterosexual/Straight ☐ Homosexual/Lesbian/Gay ☐ Bisexual ☐ Other ☐ Do not know ☐ Choose not to disclose ☐
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 ☐ Choose not to disclose ☐
5. **What is your total annual household income?** ____________________ Unknown ☐
6. **What is the number of people in your household**? ________________ Unknown ☐
7. **What is your current housing situation**?
   Homeless shelter ☐ Transitional housing ☐ Public housing ☐ Doubling Up ☐ Sleeping on the street ☐ Rent home ☐ Own home ☐ Other _____________________
8. **Are you an agricultural worker or the dependent of an agricultural worker?** Yes ☐ No ☐
9. **Are you a Veteran?** Yes ☐ No ☐
10. **What is your preferred language**? _____________________
11. **Do you need a language interpreter**? Yes ☐ No ☐
12. **Are you deaf or hard of hearing**? Yes ☐ No ☐
13. **Are you blind or do you have low vision**? Yes ☐ No ☐
14. **Do you need hearing or visual aids**? Yes ☐ No ☐

PATIENT NAME _____________________________________ DATE OF BIRTH _______________
(*Please print*)